

Attach **TOP** label to back of each photo submission and fill in 2<sup>nd</sup> label as duplicate



**ICOP 2023 Photo Exhibit Entry Label**  
*Please attach to the back of each entry.*

**Name:**

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*(Please print)*

**Institution:**

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**City/Country:**

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**Photo Title:**

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**Category:**  Retinal Fundus  Slit Lamp/External  Fine Art

*(Check one)*

**Signature:**

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*(Indicates permission for one-time-use to publish in the Journal of Ophthalmic Photography)*

**E-mail:**

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Duplicate information from above, detach and hand in with each submission.



**ICOP 2023 Photo Exhibit  
Duplicate Label**

**Name:** \_\_\_\_\_

*(Please print)*

**Institution:**

\_\_\_\_\_

**City/Country:** \_\_\_\_\_

**Photo Title:**

\_\_\_\_\_

**Category:** \_\_\_\_\_ **Retinal Fundus**    \_\_\_\_\_ **Slit Lamp/External**    \_\_\_\_\_ **Fine Art**

*(Check one)*