

**Complex Cardiovascular Therapeutics 2014**

Dates : October 30 – November 1, 2014

Venue : Kobe International Exhibition Hall,  
Portopia Hotel



## Medical Intern Certificate

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Institution's Name \_\_\_\_\_

Address of Institution \_\_\_\_\_

I certify that the person above is taking a medical internship in our institution,

Date \_\_\_\_\_

The Certifier's Signature \_\_\_\_\_

The Certifier's Occupation \_\_\_\_\_