$\begin{array}{c} \textbf{Complex Cardiovascular The rapeutics 2015} \\ \textbf{Dates}: \textbf{October } 29-31, \, 2015 \end{array}$

Venues: Kobe International Exhibition Hall,

Portopia Hotel



Medical Intern Certificate

| Name | | |
|--|-----------------------------------|------------|
| Occupation | | |
| Institution's Name | | |
| Address of Institution | | |
| I certify that the person institution, | above is taking a medical interns | hip in our |
| Date | | |
| The Certifier's Sig | nature | |
| The Certifier's Occ | cupation | |