

**Complex Cardiovascular Therapeutics 2017**

Dates : October 26 – 28, 2017

Venues : 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 \_\_\_\_\_