$\begin{array}{c} \textbf{Complex Cardiovascular The rapeutics 2013} \\ \textbf{Dates}: \textbf{October } 17-\textbf{October } 19,\,2013 \end{array}$ Venue : Kobe International Exhibition Hall



Medical Intern Certificate

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