

**Complex Cardiovascular Therapeutics 2019**

Dates : October 24 – 26, 2019

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

---