

The 28th Annual Meeting of the Japanese Association of
Cardiovascular Intervention and Therapeutics ; CVIT2019

Dates : September 19 – 21, 2019

Venue : Nagoya Congress Center

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 Signature _____

*Please present this certificate at the on-site registration desk.