

The 20th Annual Meeting of the Japanese Association of Cardiovascular Intervention and Therapeutics
(CVIT2011)

Proof of Status
(For 1st and 2nd year Resident/Medical Interns)

Please have your professor and/or manager of your facility read and sign the Certificate below.

Please present this signed Certificate at the General Information Desk to receive your name card.

Please note that without the signed Certificate, participation as “Trainee” status cannot be permitted.

Certification

Name :

Affiliation :

TEL:

FAX:

I hereby certify that the above person is working as a “Resident” in our facility, and in addition she/he graduated from medical school within the past 2 years.

Date:

Signature:

Print Name

Title

The 20th Annual Meeting of the Japanese Association of Cardiovascular Intervention and Therapeutics Administration Office
(In charge of registration)
c/o JTB Communications Inc.

Umeda Daibiru 4F, 3-3-10, Umeda, Kita-ku, Osaka, Japan 530-0001
Tel: +81-6-6348-1391, Fax: +81-6-6456-4105, E-mail cvit2011reg@jtocom.co.jp