

Certificate of Enrollment

Name: _____

Date of birth: _____

I hereby certify the following:

-The above-stated person belongs to the institution/medical facility written below.

-The above-stated person will surely attend the 62nd Annual Meeting of The Japanese Society for Dialysis Therapy.

Name of institution or medical facility:

Name of director or department head:

(Signature) _____

(Print name) _____

Date of issue: _____

* Please submit this certificate to the registration secretariat for the 62nd Annual Meeting of The Japanese Society for Dialysis Therapy.