

**The 52nd Annual Meeting of the Japanese
Association of Rehabilitation Medicine**

Certificate of

{	<input type="checkbox"/> Junior Resident
	<input type="checkbox"/> Undergraduate

This proves that the following participant is a junior resident or an undergraduate.

Name of a participant :

Signature of chairperson
of the department :

Affiliation :

Office address : (Zip Code:)

E-mail :

【Contact】

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