**Certificate of overseas students for**

**The Catheter Ablation Congress Autumn Conference 2024**

I hereby certificate that the person mentioned hereunder is an oversea student of my affiliation.

|  |  |
| --- | --- |
| Name |  |
| Affiliation |  |
| Address of the affiliation |  |
| E-mail address |  |

Date:

**Proof by the manager of your affiliation:**

\*Please ask your manager to fill in the blank and write down his/her signature.

（Name of Affiliation）

（Signature of the manager of affiliation）

※証明書の提出により参加費を無料といたします。

\*By submitting this certification to the secretariat of the conference, your registration will be completed.