The 61st Annual Meeting of the Japanese Society

for Artificial Organs

**Certificate of Junior Resident**

I hereby certificate that the person mentioned hereunder is a junior resident of my affiliation.

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

Date:

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

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

（Name of Affiliation）

（Signature of the supervisor of affiliation）

※Residents up to 2 years after graduation are qualified for “Junior residents.”

※With a proper certificate submitted to the secretariat of JSAO2023, you can register as “Junior Residents” category.