



# The 60th Annual Meeting of The Japan Diabetes Society

Registration Desk

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## Certificate of Training

Registration No.: R \_\_\_\_\_

Name: \_\_\_\_\_

School of Graduation: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Training Facility: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is in residency  
training at our facility.

Date:

Trainer

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_