





























## **CERTIFICATE OF APPEARANCE**

## TO WHOM IT MAY CONCERN:

This is to certify that		of the		
	name)		(office)	
	appeared in this	office on _		
	•		(date)	
at to attend the Plenary Session	on and Professional Category	Competitions	of the 6th Regiona	
(time)	(purpose)			
Health Research Conference, and departed	on	at		
	(date)		(time)	

ENGR. ROMELA N. RĂTILLA, DPA

Regional Director





This Certificate is valid only if with no erasures or alterations.