



























CERTIFICATE OF APPEARANCE

TO WHOM IT MAY CONCERN:

| This is to certify that | of the | | |
|-------------------------|--------------------------------|-----------------------------------|-----------|
| | (name) | (office) | |
| | appeared in this office on | | |
| | | (date) | |
| atto attend the | Closing Ceremony of the 6th Re | gional Health Research Conference | |
| (time) | (pur | pose) | |
| , a | nd departed on | at | |
| | . (da | ate) (time) | 20.00.000 |

ENGR. ROMELA N. RATILLA, DPA

Regional Director





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