

ORGANIZER(S)

LOGO(S)

Certificate of Attendance

This is to certify that

.....
(Name of participant)

Participated in

.....
[Name of activity as given in Registration Letter]

CME/CPD Activity No.
[Registration Number as given in Registration Letter]

conducted on the days listed below.

I/we certify that the above participant is entitled to claim
..... CME/CPD Credits in Category 2 under the MPC Program.
[Number of credits]

Date Attended	Credits
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.....
CPD Provider/Organizer Authorized Signature

.....
Date