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| 2018 Letterhead_Banner  **This is to certify that / *Le présent certificat atteste que***  **Name/Nom:**  ***Attended the 2018 Canadian transplant Summit a participé à la conférence annuelle 2018 Sommet canadien sur la transplantation***    **Hours / heures:** **(max. 34)**  *This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of  The Royal College of Physicians and Surgeons of Canada and approved by the Canadian Association of General Surgeons.*    Dr. Michael Mengel President, Canadian Society of Transplantation |

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