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| 2018 Letterhead_Banner**This is to certify that / *Le présent certificat atteste que*** **Name/Nom:** ***Attended the 2018 Canadian transplant Summita 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 MengelPresident, Canadian Society of Transplantation |

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