TO: Shuichiro Shiina

Organizer representative,

Study group of multidisciplinary treatment of gastrointestinal cancer

Professor, Department of Diagnostic Imaging and Interventional Oncology

Graduate School of Medicine, Juntendo University

Recommendation Letter

I am writing to recommend for International Radiofrequency Ablation Training Program at Juntendo University Hospital. I acknowledge all expenses for this participation will be borne by the participants. And for any question on his visit, please feel free to ask me.

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| Date (yy/mm//dd) |  |
| Name of applicant’s Organization: |  |
| Applicant’s Name: |  |

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| Name of Recommender’s Organization:  |  |
| Title: |  |
| Recommender’s Name: |  |