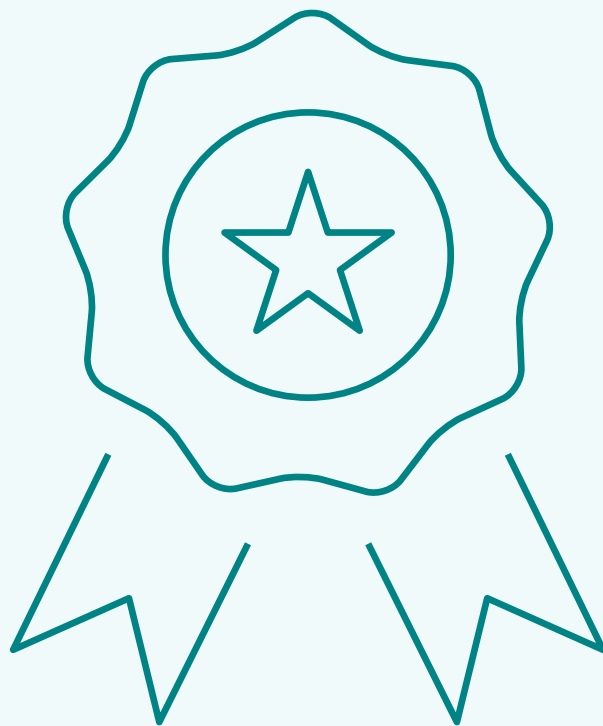




Spire Healthcare

Certificate of attendance



Event _____

Speaker _____

Topic _____

Date _____

Duration:

Looking after you.