



DR. VODDER ACADEMY

INTERNATIONAL



Name: _____ **Megumi** _____

Surname: _____ **Toki** _____

Nationality: _____ **Japan** _____

Profession: _____ **Doctor** _____

Level of teaching: _____ **Theory** _____

I am teaching Manual Lymphdrainage since 2020 in the following countries:

_____ **Japan** _____

My contact Email address is: **sako@sapmed.ac.jp**