

Enrollment Confirmation

Dear [Participant's Name],

We are pleased to confirm your enrollment in the Healthcare Cultural Competency Training scheduled for [Date] at [Location].

Course Details:

- **Training Title:** Healthcare Cultural Competency Training
- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Location]

Please arrive 15 minutes early for check-in and ensure to bring any necessary materials specified in the training agenda.

If you have any questions or need further assistance, feel free to contact us at [Contact Information].

Thank you for your commitment to enhancing cultural competency in healthcare.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]