

# Participant Confirmation for Healthcare Innovation Showcase

Date: [Insert Date]

Dear [Participant's Name],

We are pleased to confirm your participation in the upcoming Healthcare Innovation Showcase scheduled on [Event Date] at [Location]. Your innovation, [Innovation Title], has been selected to be featured during this event.

This showcase aims to highlight groundbreaking ideas and solutions in the healthcare sector, and we look forward to your contribution in making this event a success.

Event Details:

- **Date:** [Event Date]
- **Time:** [Start Time] - [End Time]
- **Location:** [Venue Address]
- **Agenda:** [Brief Description of the Agenda]

Should you have any questions or need further information, please do not hesitate to contact us at [Contact Information].

Thank you for your dedication to advancing healthcare innovation.

Best regards,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]