

# Confirmation of Participation

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company/Organization]

[Company Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Position]

[Recipient Company/Organization]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm your participation in the upcoming pharmaceutical training event scheduled for [Event Date] at [Location]. We appreciate your commitment to enhancing your knowledge and skills in this vital sector.

Details of the event are as follows:

- **Date:** [Event Date]
- **Time:** [Event Time]
- **Location:** [Event Location]
- **Agenda:** [Brief Agenda or Topics]

Please feel free to reach out if you have any questions or require further information. We look forward to your active participation.

Thank you.

Sincerely,

[Your Name]

[Your Position]

[Your Company/Organization]