

Confirmation of Attendance

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to confirm your attendance at the Medication Administration Training scheduled for [Insert Date and Time]. The training will take place at [Insert Location].

Please find below the details of the training:

- **Topic:** Medication Administration
- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Duration:** [Insert Duration]
- **Venue:** [Insert Location]

We look forward to your participation. Should you have any questions, feel free to contact us at [Insert Contact Information].

Best regards,

[Your Name]

[Your Position]

[Your Organization]