

Medication Administration Training Session

Dear [Participant's Name],

We are pleased to confirm your registration for the Medication Administration Training Session scheduled on [Date] at [Location].

Details of the training session are as follows:

- **Date:** [Date]
- **Time:** [Start Time] - [End Time]
- **Location:** [Venue/Address]
- **Contact Person:** [Name] - [Contact Information]

Please ensure to bring the necessary materials, including your ID and any required documentation. We look forward to your participation and hope you find the training beneficial.

Best regards,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]