

# Confirmation of Healthcare Training Registration

Dear [Participant's Name],

We are pleased to confirm your registration for the upcoming healthcare training scheduled on [Date] at [Location].

## Training Details:

- **Course Title:** [Course Title]
- **Date:** [Date]
- **Time:** [Start Time] - [End Time]
- **Location:** [Venue/Room Name]
- **Instructor:** [Instructor's Name]

Please bring a valid ID and arrive at least 15 minutes early for registration.

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

Thank you for your registration. We look forward to seeing you there!

<pSincerely,

[Your Organization's Name]

[Your Organization's Contact Information]