

Confirmation of Participation

Date: [Insert Date]

Dear [Participant's Name],

We are pleased to confirm your participation in the upcoming vaccination initiative scheduled for [Insert Date] at [Insert Location]. Your commitment to public health is greatly appreciated.

Please arrive by [Insert Time] and bring the necessary identification and any relevant medical information.

If you have any questions or need further assistance, feel free to contact us at [Insert Contact Information].

Thank you for your cooperation and support!

Sincerely,

[Your Organization's Name]

[Your Contact Information]