

Flu Clinic Registration Confirmation

Dear [Participant's Name],

Thank you for registering for our upcoming Flu Clinic. We are pleased to confirm your participation.

Event Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic/Facility Name]
- **Address:** [Clinic Address]

Please remember to bring a form of identification and your insurance card (if applicable).

If you have any questions or need to reschedule your appointment, please contact us at [Contact Information].

Thank you for taking this important step towards your health.

Sincerely,

[Your Organization's Name]