

# Confirmation of Attendance

**Date:** [Insert Date]

**To:** [Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

This letter is to confirm your attendance at the upcoming Palliative Care Planning Meeting scheduled for [Insert Date] at [Insert Time]. The meeting will take place at [Insert Location].

We appreciate your contribution to this important discussion regarding the planning and delivery of palliative care for our patients. Your insights and expertise will be invaluable as we work together to ensure the best possible outcomes.

If you have any questions or need further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your commitment to enhancing palliative care services.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]  
[Your Phone Number]  
[Your Email Address]