**2024 CONFIRMATION SLIP**

**(Classroom Interface)**

Training :  *(Complete Training Title)*

Date :  *(Complete Date of Training)*

Venue : *(Complete Location of Training)*

This is to confirm the attendance of the following participants to the above-mentioned training program:

| No. | NAME | POSITION | AGENCY | CONTACT NO. | EMAIL ADD. |
| --- | --- | --- | --- | --- | --- |
| *1.* |  |  |  |  |  |
| *2.* |  |  |  |  |  |
| *3.* |  |  |  |  |  |
| *4.* |  |  |  |  |  |
| *5.* |  |  |  |  |  |
| *6.* |  |  |  |  |  |
| *7.* |  |  |  |  |  |
| *8.* |  |  |  |  |  |
| *9.* |  |  |  |  |  |
| *10.* |  |  |  |  |  |

This Office guarantees the payment of the corresponding registration fee on or before the schedule of the training program. It further guarantees payment **of the amount corresponding to 50% of the registration fee for each participant who confirmed his/her attendance but fails to attend the training** without informing the CSC RO VI - HRD at least three (3) working days prior to the start of the training. The penalty fee shall cover the expenses incurred by this Office due to venue/catering reservations which the Office must pay based on the number of participants stated in the Contract.

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(*Signature over Printed Name and position of the Highest Approving Authority*)