**CONFIRMATION SLIP**

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| **Event Name:** | **Best Practices in Peer Review of Scientific Publications** |
| **Inclusive Date/s:** | **March 12-15, 2017** |
| **Venue:** | **Cagayan de Oro City, Philippines** |

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| Name to be reflected in the ID, Certificate  *(Please Include Middle Initial)* | Affiliation | Position | Mobile number/s | Email Address |
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**Important reminders:**

* Actual training is on **March 13-14, 2017 only**. The first day **(March 12)** and last day **(March 15)** are considered to be dates for the arrival and departure of the participants. The certificates will all carry four days **(March 12-15, 2017).**
* Please do make the payment on or before **March 4, 2017** to finalize the slot for the training.

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**Signature over printed name**