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| --- | --- | --- | --- | --- | --- | --- |
| Course Title: Course code: Date: educator: Event Plac: | | | | | | |
| Row | Participants Name | Start time | End time | present | absent | signature |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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Training Manager: Date:

Signature: