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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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| 12 |  |  |  |  |  |  |

Training Manager: Date:

Signature: