



TRAINING-WORKSHOP ON THE LOCAL CLIMATE CHANGE ACTION PLAN (LCCAP) IN THE PHILIPPINES
Hotel St. Ellis, Legazpi City, Albay

LGU Name & Address: _____

Contact Number: _____

Desired Training Date: _____

Focal Person: _____

Dietary Restrictions/Allergies: _____

Date of Arrival: _____

I, _____, hereby confirm the attendance of the names mentioned below to the training workshop on our chosen training date. The desired participants will be present during the Training-Workshop on the Local Climate Change Action Plan (LCCAP) in the Philippines. Participants from our LGU indicated below who are not able to attend will pay for the room/s reserved for him/her/them.

 Signature of Focal Person above Printed Name

Participants Name	Position	Contact No.	Arrival	Departure	Organizer's Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					

*No downpayment will be asked from the LGUs. However, the participants/guests listed in this confirmation slip must be present during the training.

*LCCAD Contact Details: 0917 637 0866 ; lccad.org@gmail.com

*Rooms are for triple sharing. Solo rooms will merit additional fee.



Participants Name	Position	Contact No.	Arrival	Departure	Organizer's Remarks
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
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18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

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