**Helping Mothers Survive Essential Care for Labor & Birth Training Day Participant Sign-in Sheet**

**Hosting Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Training \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_**

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| **No.** | **Name (Last, First)** | **Qualification/ Cadre** | **Name of**  **Institution** | **Telephone Number** | **Email Address** | **Trainer? (Y/N)** |
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| **No.** | **Name (Last, First)** | **Qualification/ Cadre** | **Name of**  **Institution** | **Country** | **Telephone Number** | **Email Address** | **Trainer? (Y/N)** | **HMS PE&E**  **Trainer?**  **(Y/N)** | **HMS BAB**  **Trainer?**  **(Y/N)** | **HBB**  **Trainer?**  **(Y/N)** |
| **12** |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |
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| **No.** | **Name (Last, First)** | **Qualification/ Cadre** | **Name of**  **Institution** | **Country** | **Telephone Number** | **Email Address** | **Trainer? (Y/N)** | **HMS**  **PE&E**  **Trainer?**  **(Y/N)** | **HMS**  **BAB**  **Trainer?**  **(Y/N)** | **HBB**  **Trainer?**  **(Y/N)** |
| **27** |  |  |  |  |  |  |  |  |  |  |
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**Helping Mothers Survive Trainers being mentored Sign-in Sheet**

**HOSTING INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Training \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ Training Location:**

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| **No.** | **Name (Last, First)** | **Qualification/ Cadre** | **Name of**  **Institution** | **Country of Origin** | **Telephone Number** | **Email Address** |
| **TRAINERS** | |  |  |  |  |  |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **TRAINERS BEING MENTORED** | |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
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| **16** |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |