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**Bleeding after Birth and Bleeding after Birth Complete**

**Training Day Participant Sign-in Sheet**

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

| **No.** | **Name (Last, First)** | **Qualification/Cadre** | **Name of**  **Institution** | **Country** | **Telephone Number** | **Email Address** | **Trainer?**  **(Y/N)** | **HMS**  **PEE Trainer? (Y/N)** | **HMS**  **BAB Trainer? (Y/N)** | **HBS**  **HBB Trainer?**  **(Y/N)** |
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**Bleeding after Birth and Helping Babies Breathe**

**Trainer/trainers being mentored Sign-in Sheet**

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

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

| **No.** | **Name (Last, First)** | **Qualification/**  **Cadre** | **Name of**  **Institution** | **Country of Origin** | **Telephone Number** | **Email Address** |
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| **TRAINERS** | | | | | | |
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| **TRAINERS BEING MENTORED** | | | | | | |
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