# Participant List

# Training of Trainers

**[Location, Date]**

## Trainers

|  |  |
| --- | --- |
| **Name**, Degrees  Position  Institution  Contact info | **Name**, Degrees  Position  Institution  Contact info |

## Coordinators

|  |  |
| --- | --- |
| **Name**, Degrees  Position  Institution  Contact info | **Name**, Degrees  Position  Institution  Contact info |

## Hospital Representatives

### Hospital Name

|  |  |
| --- | --- |
| **Name**, Degrees  Position  Institution  Contact info | **Name**, Degrees  Position  Institution  Contact info |