



Republic of the Philippines  
Department of Health  
MiMARoPA CENTER FOR HEALTH DEVELOPMENT



## Confirmation Slip

**ACTIVITY: Regional Inter-Agency Committee on Environmental Health (RIACEH) Meeting**  
**December 7, 2022**  
**Metro Manila**

NAME OF PARTICIPANT	AGE	SEX	OFFICE	DESIGNATION	CONTACT NO.	EMAIL ADDRESS	ATTENDANCE (Y / N, reason)	REMARKS (food restrictions, etc.)

Approved by:

Date:

\_\_\_\_\_  
**Head of Office**  
(SIGNATURE OVER PRINTED NAME)

\*\*\*Please email the accomplished form to: [jvmacam@mimaropa.doh.gov.ph](mailto:jvmacam@mimaropa.doh.gov.ph)\*\*\*

*Kalusugan sa mga Isla, Kayamanan ng MIMAROPA*