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## CONFIRMATION FORM

For

Regional Statistics Committee (RSC) MIMAROPA Region

Subject

Participant on the 3rd PSA Quiz Bee Regional Elimination

This is to signify the below mentioned employee of \_\_\_\_\_\_ to be the participant on the 3rd PSA Quiz Bee Regional Elimination.

Full Name (First Name, MI, Last Name)	LOREN KAYE A. GARCIA				
Nickname	ICE				
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Mama	and	Signature	nf	Regional	Director	

