CONFORME SLIP

I, (FULL NAME)	a
(POSITION/DESIGNATION)	of the (INSTITUTION)
responsibilities established by the Philippii (PCHRD) for participants of the 18 th Nation	comply with the following terms and assume the ne Council for Health Research and Development al Medical Writing and Workshop organized by the al Editors (PAMJE) on August 8-12, 2022 via Zoom
 Submit my revised manuscript to a legitimate scholarly scientific peer-reviewed journal within four (4) months after the workshop; Not to disclose any information about co-participants, research studies; and Participate in all sessions for the entire duration of the workshop. 	
mentor-facilitator(s) and other participants. sudden unavailability due to any ur	be reviewed and critically appraised by the I also agree and understand that in the case of my aforeseen valid circumstance(s), my co-author y slot to further refine our manuscript. Should I fail to
	I agree to reimburse the entire training cost allotted
Conforme:	
Signature over Printed Name Applicant	Date Signed
Noted by:	
Signature over Printed Name	Date Signed

(Name of Institution)