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| **PEMAC / TEACHING INSTITUTION REVENUE SHARING REPORT****MMP CERTIFICATION PROGRAM****Return to:** **pd@pemac.org** |
|  |
| **Teaching Institution** |  |
| **Contact Person** |  |
| **Phone #** |  | **Email** |  |
| **Semester** |  |
|  |
| **Module #** | **# of Students** | **Registration Fee** | **15%** | **Total** |
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