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