

Date:	
To the NDPIA organizer for the Visualize Your Science cou	urse,
I acknowledge that my student/postdoc Visualize Your Science.	will register for the course
I understand that NDPIA pays the tuition costs for the cours fails to attend the course without notifying the organizer pricosts for the course.	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Sincerely,	
Signature of the supervisor	
Name printed	