Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To IBA/NDPIA**

I acknowledge that the IBA/NDPIA member in my group \_\_\_\_\_\_\_\_\_\_\_\_ will apply for a place at the IBA/NDPIA Antibiotics and Antibiotic Resistance coursein Sweden from April 4-8 2022.

I understand that for all accepted participants, IBA/NDPIA pays the full hotel board of 10.500 SEK.

If my group member gets a place, but fails to attend the course without notifying IBA/NDPIA by February 19th latest, I will cover the above-mentioned costs in full.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the supervisor

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Name printed E-mail address