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

**To the Fundamentals of Basic and Applied Phage Biology course organizers,**

I acknowledge that the member in my group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will apply for a place in the NDPIA Fundamentals of Basic and Applied Phage Biology coursein Sweden from April 24-28, 2023.

I understand that for all accepted participants, NDPIA pays the full hotel board of 8920 SEK.

If my group member is accepted to attend but fails to attend the course without notifying the course organizers by March 20th 2023, I will cover the above-mentioned costs in full.

Sincerely,

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

Signature of the supervisor

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Name printed E-mail address