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

**To NDPIA**

I acknowledge that my group member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will apply for a spot at the NDPIA AI Applications in Infection Biology coursein Sweden from May 20-24 2024.

I understand that for all accepted participants, NDPIA pays the full hotel board of 11 500 SEK.

If my group member gets a spot but fails to attend the course without notifying NDPIA by March 20th, 2024, at the latest, I will cover the above-mentioned costs in full.

Sincerely,

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

Signature of the supervisor

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Name printed E-mail address