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

**To NDPIA**

I acknowledge that my group member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will apply for a spot at the NDPIA Antibiotics and Antibiotic Resistance coursein Sweden from April 15-19 2024.

I understand that for all accepted participants, NDPIA pays the full hotel board of 10 500 SEK.

If my group member gets a spot but fails to attend the course without notifying NDPIA by February 14th, 2024, at the latest, I will cover the above-mentioned costs in full.

Sincerely,

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

Signature of the supervisor

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

Name printed E-mail address