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

**To the Fundamentals of Basic and Applied Phage Biology 2025 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 2025 coursein Sweden from 12-16 May 2025.

I understand that for all accepted participants, NDPIA pays the full hotel board of 6500 SEK.

If my group member is accepted to attend but fails to attend the course without notifying the course organizers by 10 March 2025, I will cover the above-mentioned costs in full.

Sincerely,

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

Signature of the supervisor

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Name printed E-mail address