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

**To the Vaccine Development 2025 course organizers,**

I acknowledge that the member in my group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will apply for a place in the NDPIA Vaccine Development 2025 coursein Sweden from 22-24 October 2025.

I understand that for all accepted participants, NDPIA pays the full accommodation and meals cost of 6300 SEK.

If my group member is accepted to attend but fails to attend the course without notifying the course organizers by September 19, 2025, I will cover the above-mentioned costs in full.

Sincerely,

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

Signature of the supervisor

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

Name printed E-mail address