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

**To the Antivirals 2025 course organizers,**

I acknowledge that the member in my group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will apply for a place in the NDP-VIP Antivirals 2025 coursein Sweden from 18-20 August 2025.

I understand that for all accepted participants, NDP-VIP pays the full accommodation and meals cost of 5700 SEK.

If my group member is accepted to attend but fails to attend the course without notifying the course organizers by June 16, 2025, I will cover the above-mentioned costs in full.

Sincerely,

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

Signature of the supervisor

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

Name printed E-mail address