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| **Conference holder**Name, location |  |

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| **Visiting student:** First name, last name, title |  |
| **Conference visit:** From – Till (DD.MM.YYYY) |  |

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| **Sending supervisor:** First name, last name, title |  |
| **Sending university and department** |  |

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| **Benefits of attending the conference**  |
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| **Confirmation** |  |
| Funding amount: \_\_\_\_\_\_\_\_\_ EURCo-financing amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ EUR | The 20% co-financing will be transferred to the IPID4all account by the sending supervisor [ ]  |

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| Sending Supervisor Statement |
| I hereby confirm that we support the conference visit for the stated period |
| Signature & Stamp, Sending Research Group  |