**SIGNATURE LETTER FOR APPLICATION FOR CRTH**

**European Hematology Association**

Attn: training@ehaweb.org

Koninginnegracht 12b

2514 AA The Hague

The Netherlands

**[PLACE, DATE]**

Dear Reader,

**[APPLICANT FULL NAME]** hereby submits an application for the 2026 Clinical Research Training in Hematology Program.

The application is supported by **[MANAGER FULL NAME, MANAGER POSITION of HOME INSTITUTION]** in terms of allowing the applicant (if selected to the program) to attend all three meetings.

We herewith confirm to be aware of the terms and conditions related to participation in the CRTH Program:

* Applicant must be available to attend CRTH meetings at the following three events:
* Workshop 1: Wednesday, February 4 – Saturday, February 7, 2026
* EHA2026 Congress: Thursday, June 11 – Sunday, June 14, 2026
	+ CRTH Session date & time to be confirmed
* Workshop 2: Wednesday, September 2 - Saturday, September 5, 2026
* Applicant is requested to arrive the evening prior to the workshop.
* Applicant must respond to follow-up surveys in the future.
* Applicant must accept responsibility for travel expenses which exceed the allowed amounts and/or travel arrangements which are outside of the established policies and procedures of CRTH.
* Applicant must arrange valid travel documents and VISA.
* Applicant must be an EHA member.

By signing this letter **[APPLICANT FULL NAME]** and **[HOME INSTITUTE MANAGER FULL NAME]** agree to comply with the terms and conditions for participation in the CRTH Program if the applicant is accepted.

**[APPLICANT FULL NAME]** **[HOME INSTITUTE MANAGER FULL NAME]**

Place, Date: Place, Date:

Signature: Signature: