**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 FIRST NAME, LAST NAME]** hereby submits an application for the 2018-2019 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 (in case of winning the award) 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 attend CRTH meetings at the following three events:
	+ 14 – 17 November 2018 workshop
	+ 14 – 16 February 2019 workshop
	+ 24th Congress of EHA, 13 – 16 June 2019
* 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

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

APPLICANT NAME MANAGER NAME

Place, Date Place, Date

Signature Signature