Warsaw,……………………………

 Date (yyyy-mm-dd)

……………………………………………………………………………………………………………..

 The surname of the person who finances the research

………………………………………………………………………………………………………………………..

Institute/ Department

I consent to train Mr/Mss ………………………………………………………… in terms of handling microscopy LSM 510/ LSM 780/ Cell Observer SD/Cell Cut\* in Laboratory of Advanced Microscopy Techniques. I undertake to finance this training following the applicable price list.

Financing source:…………………………………………………………………………………………………………………..

…………………………………………………………………………

Signature of the person who finances the research

\* cross out as appropriate