

## Confirmation

**The Group Leader of a user project is requested to complete this form and give to the contact person or LLC administrator before leaving Lund or send it to:  
Lund Laser Centre, Att: Camilla Nilsson, Box 118, SE-221 00 Lund, Sweden**

<b>Project title:</b>	
<b>Project acronym (ID):</b>	
<b>Name of group leader:</b>	
<b>Period of group presence in Lund:</b>	
<b>Contact person in Lund:</b>	

I hereby confirm that the above mentioned project was pursued at Lund Laser Centre.

Using \_\_\_\_\_ experiment days

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Signature

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Date