

ACCEPTANCE COMMITMENT

NAME:

SURNAME:

ID/ITALIAN FISCALCODE:

PASSPORT NUMBER:

PASSPORT PLACE OF ISSUE:

PASSPORT DATE OF ISSUE:

PASSPORT DATE OF EXPIRY:

HOSTING COUNTRY:

The abovementioned participant accepts his/her designation as beneficiary of the mobility action developed within the MEDMOBIL Project. Indeed, he/she commits to respect the following conditions:

- Follow the work plan designed by the sending organisation
- Complete the mobility period agreed with the sending organisation
- If the participant does not respect the conditions specified within this document (or leaves the country before the end of the mobility period without any justifiable cause), he/she will be responsible of the cost associated to the mobility (e.g. flight tickets, accommodation booking).

Done in Rome, on ____/____/____

Signature