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| **ACTRIS IMP Confirmation of Trans-national access** | |
| **ACTRIS Facility**  [Name of ACTRIS Facility]  [Name of host institution]  [Address of host institution] | **Document duplicate to be sent to:**   * **WP7 leader/SAMU** ([actris-imp-tna@helsinki.fi](mailto:actris-imp-tna@helsinki.fi)) * **TNA Project Leader**   [Name of TNA project leader]  [Home institution and address] |
| **Confirmation of Access**  The access provider confirms that the following Trans-National access (TNA) project has been carried out in the framework of ACTRIS IMP Trans-national access at the above-named ACTRIS Facility:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | TNA project acronym: | **............................................** | | | | | Access type: |  | Physical access |  | Remote access |   The amount of access delivered to the user group is as follows:   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Participant name** | **Duration of stay** (start-end date) | **Amount of access** | **Unit of access** | | **Project leader:** |  | [dd/mm/yyyy - dd/mm/yyyy] |  |  | | **Project user 1:** |  |  |  |  | | **Project user 2:** |  |  |  |  | | **...** |  |  |  |  | | **Project user n:** |  |  |  |  | | **Total amount of access provided to project user group:** | | |  |  | | |
| |  |  |  | | --- | --- | --- | | [Location], [Date dd/mm/yyyy] |  |  | | Location and date |  | Signature of access provider | | |

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