



Acceptance by the Host Institution

This declaration is to be completed by the head of the host research group and returned to the grant applicant.

Please complete using a typewriter or in block capitals

Name : SCAVONE
First Names : GARY
Organisation : MUSIC TECHNOLOGY, SCHULICH SCHOOL OF MUSIC
MCGILL UNIVERSITY
Street : 550 SHERBROOKE STREET WEST
Town and Postcode : MONTREAL, QUEBEC H3A 1E3
Country : CANADA
Telephone : 1-514-398-4535, x-089834
Telefax : 1-514-398-2962
E-mail Address : gary@music.mcgill.ca

- (i) I, the undersigned am willing to receive, in my institution on a short-term scientific mission in the frame of the COST Action **Cost287-ConGAS** to undertake the work described in the attached work plan.
- (ii) The duration of the request is from 10 OCTOBER 2006 to 24 OCTOBER 2006

Date: 24 AUGUST 2006 Signature: 