

To: Erasmus Q-Intelligence
Attn: Dr. Kristiaan Glorie
PO Box 1738
3000 DR Rotterdam

Subject: Training Course Erasmus Q-Intelligence 2018/2019
Quotation no: 1804033_01

Amsterdam, June 11, 2018

Dear Dr. Kristiaan Glorie,

We are pleased to offer you the quotation for SURFsara consultancy to support your Training Course module 'Deep Learning' in 2018/2019.

This quotation offers:

Service	Quantity	Unit	Period [months]	Rate	Per	Amount
Consultancy <i>Training Course</i>	2 x 7	sessions	2	€ 468	session	€ 6.552
Consultancy <i>Preparation & Assignments work</i>	24	hours	2	€ 117	hour	€ 2.808
Lisa/GPU <i>Machine Learning resources</i>	3.000	gpu hours	2	€ 0,38	gpu hour	€ 1.140
Total excl. btw (excl. btw)						€ 10.500
Total incl. 21% btw (incl. btw)						€ 12.705

The following conditions apply for this offer:

- Invoicing will take place after signature of this quotation.
- A single session is a morning session or an afternoon session. Two Training Course modules will be given, each consists of 7 sessions: one in the morning and one in the afternoon.
- The course dates will be aligned upfront with SURFsara. The course will take place in 2018/2019 over a period of 7 weeks.
- The maximum number of participants is 25.
- This quotation is valid for 30 calendar days.

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Postbus 94613
1090 GP Amsterdam

Bezoekadres:
Science Park 140
1098 XG Amsterdam

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F +3120 668 3167
E info@surfsara.nl
www.surfsara.nl

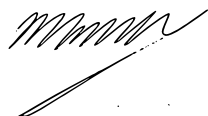
BANK 66.41.95.067
IBAN NL29 IN GB 0664 1950 67
BIC INGBNL2A
BTW NL8226.55.287.B01
KvK 50277375

If you agree with the described offer in this quotation and the conditions that apply, please have this quotation signed by an authorized person and return the signed quotation back to SURFsara.

We trust that this offer meets your expectations. If you have any further questions, please do not hesitate to contact your SURFsara contact person.

Best Regards,

Michael Go



Valorization Manager
SURFsara B.V.

For approval:

I agree with this quotation, no. 1804033_01, and in this quotation mentioned conditions,

Name:

Function:

Date:

Reference nr.:

Signature:

If the invoice needs to be send tot a different person or address, please mention this below.