

7th Dutch  
Endo-Neuro-Psycho Meeting  
Doorwerth, 4-6 June 2008

**Please read carefully and provide the requested information to ensure timely refunding!  
Please type! Handwriting can lead to confusion.**

|  |         |
|--|---------|
| <b>Reimbursement Form</b>                          |         |
| <i>Travel Expenses</i> (use local currency price): |         |
| Airplane   | .....   |
| Train/Bus/Car                                      | .....   |
| Taxi   | .....   |
| <i>Additional Hotel Expenses:</i>                  | .....   |
|  | ----- + |
| <i>Total (will be calculated by Treasurer):</i>    | .....   |

Name account holder: .....

Name: .....

Address: .....

ZIP-code/City: .....

Country: .....

FOR THE NETHERLANDS: Bank account number: .....

Name Bank: .....

Address (of **Bank Account!**): .....

ZIP-code/City: .....

Country: .....

FOR EUROPE: IBAN number: .....

BIC(SWIFT address): .....

FOR The USA: bank account number: .....

Routing number/Fed wire (9 digit number) .....

*Please Note:*

*-If the currency of your costs is different from the €, the organizers will use the day rate at the time of the reimbursement.*

*-Swift transfer of the money can only be guaranteed when all information is completed. In this respect the correct info on IBAN, SWIFT, Routing number are of utmost importance and can delay reimbursements. Please check with your bank in case of uncertainty.*

**Please return this form (together with originals or copies of your tickets!) at the registration desk of the meeting or send it with these belongings no later than August 1<sup>st</sup> 2008 to:**

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