8th Dutch Endo-Neuro-Psycho Meeting

Doorwerth, 3-5 June 2009

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

Reimbursemen	t Form	
Travel Expenses (use local currency price):	
Airplane		
Train/Bus/	/Car	
Taxi		
Additional Hotel Expenses:		+
Total (will be calculated by Treasurer):		
Name account holde	r:	
Name: Address: ZIP-code/City: Country: FOR THE NETE		number:
Name Bank: Address (of Bank ZIP-code/City: Country: FOR EUROPE: FOR The USA:	IBAN number: BIC(SWIFT address): bank account number:	digit number)
-Swift transfer of the	money can only be guaranteed wh	e organisers will use the day rate at the time of the reimburs then all information is completed. In this respect the correct

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 everything no later than August 1st 2009 to:

e-mail: a.blokland@psychology.unimaas.nl

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