

11th Dutch  
Endo-Neuro-Psycho Meeting  
Lunteren, 29-31 May 2013

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

Reimbursement Form

*Travel Expenses* (use local currency price):

Airplane .....

Train/Bus/Car .....

Taxi .....

*Additional Hotel Expenses:* .....  
----- +

*Total (will be calculated by Treasurer):* .....

Name account holder: .....

Name: .....

Address: .....

ZIP-code/City: .....

Country: .....

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

FOR EUROPE: IBAN number: .....

BIC(SWIFT address): .....

FOR THE USA: bank account number: .....

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

FOR BOTH EUROPE AND THE USA, please provide also:

Name Bank: .....

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

ZIP-code/City: .....

Country: .....

Please note:

- If the currency of your costs is different from EUR, the organisers 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!) no later than 1 JULY 2013 to (preferably by e-mail to [m.j.h.kas@umcutrecht.nl](mailto:m.j.h.kas@umcutrecht.nl)).**

**Dr. Martien J.H. Kas**

Dept of Neuroscience and Pharmacology

Rudolf Magnus Institute of Neuroscience

UMC Utrecht – Stratenum 4.205

Universiteitsweg 100

3584 CG Utrecht, The Netherlands

e-mail: [m.j.h.kas@umcutrecht.nl](mailto:m.j.h.kas@umcutrecht.nl)

**Requests received after 1 July 2013 will not be considered.**