Dutch Neuroscience Meeting (DN 2015) Lunteren, 11-12 June 2015

Please read carefully and provide the requested information to ensure timely refunding!

Please type! Handwriting can lead to confusion.		
Reimbursement F	Form	
Travel Expenses (us	e local currency price):	
Airplane		
Train/Bus/C	ar	
Taxi		
Additional Hotel Expenses:		+
Total (will be calculd	ated by Treasurer):	
Name account hold	er:	
Name: Address: ZIP-code/City: Country:		
FOR THE NETHER	RLANDS: Bank account num	ber:
FOR EUROPE:	IBAN number: BIC(SWIFT address):	
FOR THE USA:	bank account number: Routing number/Fed wire (9	digit number)
Bank Name:	Account!):	rovide also:

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 <u>correct info</u> 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!) <u>no later than 15 JULY 2015</u> to (preferably by e-mail to <u>m.j.h.kas@umcutrecht.nl</u>).

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