Nordic Skeletal Dysplasia Workshop 2024 - Reimbursement Form

Dear Invited Speaker,

We appreciate your contribution to the Nordic Skeletal Dysplasia Workshop 2024. This form is intended to facilitate the reimbursement of your travel expenses. Please complete this form in its entirety and sign it to confirm the accuracy of the information provided.

Attach all relevant receipts for expenses incurred, such as transportation, accommodation, and meals. It is important to note that reimbursements will only be processed upon receipt of these supporting documents.

Please ensure that this form is signed before submission as unsigned forms will not be processed. We thank you for your understanding and cooperation.

Best regards,

Hanne Hove
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Nordic Skeletal Dysplasia Workshop 2024 - Reimbursement Form

Please e-mail this form along with attachments for all expenses (tickets, etc.) to hanne.buciek.hove@regionh.dk

Name (family name, first name)	
Name in passport	
Date of birth	
Address: (street name and number, zip-code, city, country)	
E-mail	
Mobile nr	

To be paid to:

BANK: country	
BANK: S.W.I.F.T. / BIC	
IBAN account	
OR Registrations number and account number	

Date	**Expense type** (travel, accommodation, food, etc)	**SUM**	**Currency**

In total: (Summarize each currencies)

Currency	**Euro**	**USD**	**DKK**	**Other currency**
SUM				

Electronically signature OR signature