

PERSONAL DATA		Send this form to:	
Name:		Stg. Nederlandse Nefrologiedagen	
Address:		P.O. Box 34	
Postal code:		NL-6130 AA Sittard	
Residence:		Netherlands	
Country:		Or per email:	
Email:		info@nefrologiedagen.nl	

BANK ACCOUNT

Account number:		IBAN:	
Name:		BIC:	

PRIJS

Date presence:	Your Award (see below)	Amount €	Additional information

Winner best abstract category medical/clinical € 500,00
Winner best abstract category basic science € 500,00
Winner best abstract category paramedical € 500,00

Winner best e-poster category medical/clinical € 250,00
Winner best e-poster category basic science € 250,00

Conditions:

Payment will only take place if you have actually presented your abstract and the payment for your arrangement has been received by the organization.

Total: € _____

Fee terms: Collect Prepaid Customer check acceptable

IN TE VULLEN DOOR DE ORGANISATIE		Signature:	
Ontvangen d.d.:		The declarant declares to have entered all the above information truthfully.	
Uitbetaald d.d.:			
Van rekening:			
Bedrag:			
Correcties:			
Behandeld door:			