

PERSONAL DATA		Send this form to:	
Name:		Dutch Nephrology Days	
Address:		P.O. Box 34	
Postal code:		NL 6130 AA Sittard	
Residence:		Hetherlands	
Country:		Or per email:	
Email:		info@nefrologiedagen.nl	

BANK ACCOUNT			
Accountnumber:		IBAN:	
Name:		BIC:	

ARRANGEMENT			
Day of presence	Your arrangement code	paid in €	Additional Information

Arrangement 1, Rate A € 100,00 and Rate B € 160,00

Participation on Tuesday October 12th 2021 and Wednesday October 13th 2021

Arrangement 2, Rate A € 50,00 and Rate B € 80,00

Participation on Tuesday October 12th 2021

Arrangement 3, Rate A € 50,00 and Rate B € 80,00

Participation on Wednesday October 13th 2021

Conditions:

If your abstract is accepted for oral presentation, you will receive a refund of € 50.00. Payment will only take place if you have actually presented your abstract and the payment for your arrangement has been received by the organization.

For fiscal reasons please enclose as many receipts as possible

Total: € _____Fee terms: Collect Prepaid Customer check acceptable

TO BE FILLED IN BY THE ORGANIZATION		Signature: The declarant declares to have entered all data truthfully
Ontvangen d.d.:		
Uitbetaald d.d.:		
Van rekening:		
Bedrag:		
Correcties:		
Behandeld door:		