

Reimbursement form

Finnish Trauma Education LTD
Company ID: 3138564-4



Suomen Traumatologiyhdistys
Finnish Trauma Association

DSTC Kuopio 12.-14.12.2023

The recipient:

Name:

ID-number / birth date:

Address:

Telephone:

Email:

Bank account (w/ SWIFT/BIC):

Reimbursements (please include receipts)

**Additional
information:**

Total: _____ €

Signature

Return to:

lauri.handolin@pp.inet.fi

Treasurer Mari Heikkinen
Juoksapolku 10
80230 Joensuu, Finland

mari.heikkinen@fimnet.fi