

## Reimbursement form

Finnish Trauma Education LTD  
Company ID: 3138564-4



Suomen Traumatologiyhdistys  
Finnish Trauma Association

## DSTC Kuopio 9.-11.12.2025

### 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](mailto:lauri.handolin@pp.inet.fi)

CC [essi.korhonen@hus.fi](mailto:essi.korhonen@hus.fi)