

Reimbursement form

Danish Society of Anaesthesiology and Intensive Medicine
Annual Meeting November 2024



Name: _____

Address: _____

Expenses ¹	Amount	Currency	For DASAIM secretariat	
			Amount	Currency
Flight ticket				
Bus				
Taxi				
Other (specify)				
Total				

¹ All items will require a receipt. Concerning flight ticket: **please enclose last flight coupon**

Transfer to: **Please typewrite!**

Bank name:

Bank address

IBAN no/Account no.:

SWIFT / BIC-code **(important!)**:

Date: _____

Signature: _____

Payment OK: _____ Date: _____
Søren Bache, MD, Treasurer

Please return to:
DASAIM Secretary – sekretariat@dasaim.dk