CLINICAL RESEARCH INSTITUTE
HELSINKI UNIVERSITY HOSPITAL

HONORARY FORM, CLINICAL RESEARCH INSTITUTE – HUS

Project number

Name and date of symposium / conference:	To be paid (amount €):

Family name:	First name:
Social Security Number	or Tax id
Date of birth:	Street address:
City:	State or zip code:
Country:	E-mail:

BANK DETAILS OUTSIDE EU

Name of the bank:	
Full address of bank:	
International bank account number:	
Clearing code:	Swift / BIC code:

BANK DETAILS IN EU

International bank account number (IBAN):
Swift / BIC code:

Date and signature
Payee

Date and signature
Project PI

Form submission address:
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