

Registration Form
Meta-Analysis Analysis Course
27 – 30 October, 2020

FULL NAME: _____

INSTITUTION: _____

ADDRESS: _____

TEL: _____

EMAIL: _____

YOUR SIGNATURE: _____

PLEASE RETURN THIS FORM VIA EMAIL TO:

Jolanda Koch
Department of Psychiatry and Neuropsychology
Maastricht University
P.O. Box 616 (VIJV1)
6200 MD Maastricht
The Netherlands
Email: jolanda.koch@maastrichtuniversity.nl

We will notify you upon receipt of the form whether there are still open places for the course. If open places are available, then you can complete your registration by paying €200 by bank transfer to:

Bank Account No: 65 76 25 418
IBAN Number: NL47INGB0657625418
SWIFT / BIC: INGBNL2A
Account holder: Maastricht University, Maastricht, The Netherlands
With specification: 30972523N MA Course <Your Name>

PLEASE NOTE THE FOLLOWING:

- **Your registration is only definite as soon as we have received your payment.**
- **The last date to cancel your registration is 20 October, 2020.**
Cancellation after this date will result in a penalty charge of €50.