**EKHA Refund Policy**

Affiliated members of EKHA can request a refund on their travel expenses in relation to their onsite attendance at selected EKHA main events. Following guidelines to apply.

* 100% refund for travel (round trip economy class) and 1 night hotel stay (within EKHA price range for the event) for affiliated patients’ organisations for 1 representative
* 50% refund for 1 night hotel stay (within EKHA price range for the event) for 1 representative of any other EKHA affiliated organisations.
* Refund only after payment of hotel and travel by person him/herself.
* Refund only after EKHA receives completed refund form (see attached) + relevant supporting invoices/documents.
* Refund request to be sent to [info@ekha.eu](mailto:info@ekha.eu) within 10 working days after participation in the event.

**EKHA Travel and Lodging Refund Form**

First Name:

Last Name:

Organisation:

Position Title:

**REFUND OCCASION:**

Project Code:

|  |  |  |
| --- | --- | --- |
|  | **Amount Actual currency** | **Amount**  **in Euro equivalent** |
| **Travel (please fill in what is applicable)** |  |  |
| Plane Fare |  |  |
| Train Ticket |  |  |
| Metro |  |  |
| Taxi |  |  |
| Bus |  |  |
| Others, please specify |  |  |
| **Lodging** |  |  |
| Number of nights: |  |  |
| Rate per night: |  |  |
| Name of Hotel and address: | | |
| **TOTAL AMOUNT TO BE REFUNDED** |  |  |

**BANK DETAILS**

Bank account number:

IBAN number:

BIC:

Name on the bank account:

Country:

**PERSONAL OBLIGATIONS AND DECLARATION**

* I confirm that I know that in case of no-show I must pay for the hotel myself.
* I confirm to have attached all correct invoices/receipts in relation to the requested amount to be refunded.

Date of submission: Signature of Claimant: