



**UNIVERSITÉ  
DE GENÈVE**

CENTRE INTERFACULTAIRE  
EN SCIENCES AFFECTIVES

## Coordinates for reimbursement

Family name, first name:

Affiliation:

Private address:

Title / theme of conference:

Date of the event:

Name and address of the bank:

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Please send this form, together with all your receipts to :

Kyrha Declère (kyrha.declere@unige.ch)

or

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