

**R.I.M.S.  
Rehabilitation in Multiple Sclerosis**

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**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Centre/hospital:** \_\_\_\_\_

**The centre/hospital you will visit:**

\_\_\_\_\_  
\_\_\_\_\_

**Time of your visit:** \_\_\_\_\_

**Your Tutor (name, address, email):**

\_\_\_\_\_  
\_\_\_\_\_

**Your IBAN (international bank account no.):**

\_\_\_\_\_

**Your SWIFT-Code:** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ 20\_\_

**Signature:** \_\_\_\_\_