



ACB MANAGEMENT COURSE

University of Surrey 15th – 20th June 2008

REGISTRATION FORM

(PLEASE USE BLOCK CAPITALS)

ACB Membership Number

Title: Surname:..... Forename:.....

Hospital address:

.....

Tel: Fax:.....

E-mail:

Post Held: Years in Clinical Biochemistry:

Registration & Accommodation

Type	Cost	tick	Detail
Residential			Includes ensuite accommodation for 5 days (Sunday pm to Friday am) and all meals and social events
ACB Member	£650.00		
Non Member	£800.00		

Please state any special dietary/disability requirements:

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Payment

A deposit of £30 should be enclosed with this form. Please return completed form and deposit by the **25th April 2008** to the address above. If you wish us to invoice your employer you **MUST** provide an Official order number and invoice address. If you are forwarding this form to a finance department, please also send the Administration Office a copy immediately to make sure your place is reserved. Places will be allocated to those who apply first.

If you require an invoice for your employer please give the following details:

Order number: Invoice Address:

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PLACES ARE LIMITED AND WILL BE ALLOCATED AS RECEIVED AND PAID FOR IN FULL

Please make cheques payable to 'Association for Clinical Biochemistry'.	
Total Registration & Accommodation	£.....
Deposit enclosed with this form	£.....
Balance due by 16th May 2008	£.....

This form and payment should be returned to the Administration office – address as above

Signature: Date: