



**The Association for  
Clinical Biochemistry  
Microbiology Group**

**ACB Microbiology Trainees' Day**

to be held at  
ACB Office, 130-132 Tooley Street, London, SE1 2TU on Wednesday 7<sup>th</sup> March 2012

**Registration Form**  
(PLEASE USE BLOCK CAPITALS)

Title:.....First Name:.....Family Name:.....

Organisation:.....

Address:.....

.....

City.....PostCode:.....Country:.....

Tel:.....Fax:.....

Email:.....

ACB Membership No: .....

I would like to attend this meeting and \*enclose cheque for registration fee / made a bank transfer of the registration fee indicated below / no fee is required (ACB members only).

(\* - delete as appropriate)

£0.00 ACB Members\*\*

£150.00 Non Members

\*\* to qualify you have to be a fully paid up member of the ACB on the date you submit your registration.

Please state any dietary/disability requirements:

.....

**Methods of payment:**

Cheques should be made payable to: **The Association for Clinical Biochemistry Ltd.**, and sent with this registration form to 130-132 Tooley Street, London SE1 2TU.

If you wish to make a bank transfer the details you need are below

Swift (BCI) Code : MIDL GB21 05W IBAN : GB07MIDL 400212 70116211

Bank Sort Code : 40-02-12 Bank Account Number : 7011 6211

Bank Account Name : Association for Clinical Biochemistry

Bankers.: HSBC Bank, 281 Chiswick High Road, LONDON W4 4HJ