



ACB MANAGEMENT & LEADERSHIP COURSE

University of Surrey 27th June – 2nd July 2010

REGISTRATION FORM

(PLEASE USE BLOCK CAPITALS)

ACB Membership Number

Title: Surname: Forename:

Hospital address:

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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	£715.00		
Non Member	£815.00		

Please state any special dietary/disability requirements:

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Payment

A deposit of £40 should be enclosed with this form. Please return the completed form and deposit to the address above. If you wish us to invoice your employer you **MUST** provide an official order number and invoice address below. If you are forwarding this form to a finance dept, please also send us a copy at the office immediately to make sure your place is reserved. **If delegates do not intend to pay the balance of the course themselves, they must include an order number and invoice address before submitting the registration form.**

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 fees	£.....
Deposit enclosed with this form	£.....
Balance due by 27th May 2010	£.....

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

Signature: Date: