



**ACB TRAINING COURSE No. 3  
UNIVERSITY OF WEST OF ENGLAND, BRISTOL 6<sup>TH</sup> – 10<sup>TH</sup> SEPTEMBER 2010  
REGISTRATION FORM**

**ACB Member No:** .....

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

Address: .....

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

E-mail: .....

Post Held: ..... Years in Clinical Biochemistry: .....

Proposed date of sitting the Part I FRCPath: .....

**Overseas delegates MUST complete this section**

Passport No: ..... Place of issue: ..... Next Destination: .....

**Registration & Accommodation (circle appropriate figure)**

**Resident Rates** – This includes full board and social events from Monday lunchtime to Friday lunchtime.

ACB Member	£700	Non-Member	£800
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**Non-Resident Rates** – This includes social events and lunch from Monday to Friday

ACB Member	£600	Non-Member	£700
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**Day of your arrival**

Monday morning

Car parking required

Vegetarian

Please tick the appropriate boxes.

Please state any other special dietary/disability requirements: .....

**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 to the office immediately. **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. Please read the Terms and Condition on the reverse of the form.**

Order number: ..... Invoice Address: .....

**CLOSING DATE FOR BOOKINGS IS 9<sup>TH</sup> AUGUST 2010**

Please make cheques payable to 'Association for Clinical Biochemistry'.

Total Registration & Accommodation fees	£.....
Non-refundable Deposit enclosed with this form	£.....
<b>Balance due by 9<sup>th</sup> August 2010</b>	<b>£.....</b>
<small>Non-payment by this date will result in the loss of your place</small>	

**This form and payment should be returned to Administrative Office - address as above.**

Signature: ..... Date: .....

# **TERMS & CONDITIONS**

## **CANCELLATION POLICY**

Cancellation requests must be received in writing by 9<sup>th</sup> August 2010 and are subject to a £40.00 administrative fee.

Cancellation requests received in writing after the 9<sup>th</sup> August 2010 will not be refunded unless there are delegate(s) on a waiting list wishing to attend the meeting, then a full refund less £40.00 administration fee will be given, otherwise no refund will be given.

## **PAYMENT**

The ACB will only accept purchase orders from the UK providing a full billing address is supplied with the registration form.

## **REGISTRATION**

Payment of the deposit does not entitle the individual to have a reserved place.

Only registration forms received with full completed details will entitle the individual to have a place reserved.

All individuals with incorrect or incomplete details will be placed on a waiting list in order of date received.

Individuals requesting invoices to be credited and re-invoiced to Hospitals or Trusts will incur an administration charge of £10.00.