



**ACB TRAINING COURSE No. 6  
NOTTINGHAM 23<sup>RD</sup> APRIL – 27<sup>TH</sup> APRIL 2012  
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 evening to Friday lunchtime.

ACB Member	£755	Non-Member	£905
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**Non-Resident Rates** – This includes social events and lunch from Monday to Friday

ACB Member	£655	Non-Member	£805
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- Day of your arrival**
- Monday morning                       Social Event
- 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 official purchase order documentation. Your place will only be confirmed after supplying the official purchase order documentation with your registration form and you have received acknowledgement that all details are correct from the ACB office. 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 the official purchase order documentation before submitting the registration form. Please read the Terms and Condition on the reverse of the form.**

**CLOSING DATE FOR BOOKINGS IS 23<sup>RD</sup> MARCH 2012**

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

Total Registration & Accommodation fees	£.....
Non-refundable Deposit enclosed with this form	£.....
<b>Balance due by 23<sup>rd</sup> March 2012</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 23<sup>rd</sup> March 2012 and are subject to a £40.00 administrative fee.

Cancellation requests received in writing after the 23<sup>rd</sup> March 2012 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 official purchase orders from the UK registered companies or charities and must provide a full billing address 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.plus VAT.