

STP Elective Presentation Day
Wednesday 18th December 2019
ACB Offices, 130-132 Tooley Street, London, SE1 2TU

REGISTRATION FORM

(PLEASE USE BLOCK CAPITALS)

Title _____ Forename(s) _____ Surname _____

Organisation _____

Address _____

City _____ Postcode _____ Country _____

Tel _____ Fax _____

Email _____

ACB Membership No _____

Please state any dietary/accessibility requirements:

I would like to register as: ACB Member (Free)

Non Member (£150)

I have paid via: Have paid securely online by credit or debit card

Have made a bank transfer of the registration fee

Fee enclosed

N/A (No fee required)

CLOSING DATE FOR REGISTRATION: **Monday 9th December 2019**

Completed registration forms may be returned by
email (admin@acb.org.uk), post (ACB, 130-132 Tooley Street, London SE1 2TU) or fax (020 7403 8006)