



ACB Northern Ireland Region Spring Scientific Meeting

To be held at

Wellington Park Hotel, Belfast

On

Friday 5th April 2019

REGISTRATION FORM

(PLEASE USE BLOCK CAPITALS)

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

Organisation:.....

Address:.....

.....

City.....Post Code:.....Country:.....

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

Email:.....

ACB Membership No:.....

Please state any dietary/disability requirements:

I would like to attend this meeting and *enclose the registration fee / paid securely online by credit or debit card / made a bank transfer of the registration fee indicated below. (**delete as appropriate*)

Free ACB Member

£10.00 Non-ACB Member

Methods of payment:

Cheques should be made payable to: **ACB**, and sent with this registration form to:
ACB Offices, 130-132 Tooley Street, London SE1 2TU.

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

Swift (BCI) Code: MIDLGB2105W
IBAN: GB07MIDL40021270116211
Bank Sort Code: 40-02-12
Bank Account Number: 70116211
Bank Account Name: Association For Clinical Biochemistry
Bankers: HSBC Bank, 281 Chiswick High Road, LONDON W4 4HJ

CLOSING DATE FOR REGISTRATION: *Friday 22nd March 2019*

ACB REGIONAL MEETINGS

TERMS & CONDITIONS

PAYMENT

The ACB will only accept a purchase order from/document from approved UK companies, charities and/or trusts providing a completed registration form accompanies the purchase order from/document.

REGISTRATION

Only receipt of registration forms with full completed details, together with full payment, will entitle the individual to have a place reserved.

All individuals with incorrect or incomplete details will be placed on a waiting list and considered for vacant places 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.