



ASSOCIATION FOR CLINICAL BIOCHEMISTRY STUDY DAY IN METABOLIC MEDICINE

to be held at
Royal College of Pathologists, 2 Carlton House Terrace, London, SW1Y 5AF
on

Tuesday 27 April 2010

REGISTRATION FORM

ACB Member No:
Title: **Forename:** **Surname:**
Post Held: **Company:**
Address:
.....
Tel: **Fax:**
E-mail:

Please refer to the programme to confirm you are eligible to claim trainee rate

Registration

I would like to attend this meeting and *enclose the registration fee/Paid securely online by credit card/ made a bank transfer for registration fee indicated below.(* Delete as appropriate).

Consultant Rate	ACB Member	£100	Non-Member	£130
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Trainee Rate	ACB Member	£50	Non-Member	£80
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Signature:..... Date:.....

Please state if you have any special dietary/disability requirements:.....

Please return the completed form to the address above. If you wish us to invoice your employer, you **MUST** provide an official order number and invoice address below. You can also pay online by visiting: <http://www.acb.org.uk/site/meetings.asp>. If you are forwarding this form to a finance dept, please also send us a copy at the office to add you to the waiting list.

Order number: Invoice Address:.....

Method of Payment:

Cheques should be made payable to: The Association for Clinical Biochemistry Ltd, and send with this registration form to 130-132 Tooley Street, London, SE1 2TU.

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

Swift (BCI) Code: MIDL GB21 05W 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