The Association for
Clinical Biochemistry

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ACB TRAINING COURSE No. 2

St Catherine's College, Oxford 12th – 16th April 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	£685	Non-Member	£785

Non-Resident Rates – This includes social events and lunch from Monday to Friday

ACB Member	£585	Non-Member	£685

Day of your arrival

☐ Sunday evening (£80 additional charge)

☐ Monday morning

☐ Car parking required (limited)

☐ 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 at the office immediately to make sure your place is reserved. **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.**

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

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CLOSING DATE FOR BOOKINGS IS 26TH MARCH 2010

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

Total Registration & Accommodation fees	£.....
Non-refundable Deposit enclosed with this form	£.....
Balance due by 26th March 2010 Non-payment by this date will result in the loss of your place	**£.....**

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

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