



HILTON HOTEL SHEFFIELD
September 23-25, 2016

APPLICATION FORM: SINGLE FULL TIME DELEGATE

SURNAME FORENAME TITLE

POSITION

FULL LABORATORY ADDRESS.....

..... POSTCODE

USUAL DAILY TELEPHONE NUMBER MOBILE

EMAIL ADDRESS (for all correspondence, including booking receipt and travel instructions)

.....

Please tick here if you **do not** want your name to appear on the delegate list []

FULL-TIME DELEGATE (individual). £199 (inc. VAT)

All fees include accommodation, lectures, trade show, social events and all meals from Friday lunchtime -----

CHEQUES TO BE MADE PAYABLE TO 'IBMS SHEFFIELD MICROBE'. EMPLOYERS PAYING BY BACS MUST QUOTE THE SOURCE LABORATORY, NAME OF DELEGATE AND USE THE FOLLOWING. IBAN: GB49 NWBK 604002 83925449. BIC: NWBK GB 2L. ACCOUNT NO: 83925449. SORT CODE: 60-40-02

If employer is paying by BACS then please tick box, and return completed form Otherwise, please return completed form with cheque for £199. If you prefer you may use internet banking, using the bank details above (use your surname as reference if required) and send an image of the completed application form.

Mr M Preston
11 Buckingham Way
Maltby
Rotherham
S66 7EA

Telephone Enquiries: 01709 815712 or
07432530110

Please note our cancellation policy: 100% refund >4 weeks notice
50% refund >2 weeks but <4 weeks notice
No refund <2 weeks notice

PLEASE CHECK OUR WEBSITE FOR THE LATEST CONFERENCE INFORMATION

www.microbe.org.uk