

**APPLICATION FORM: SINGLE FULL TIME DELEGATE**

TITLE: \_\_\_\_\_ FORENAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

FULL LABORATORY ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

DAILY TELEPHONE: \_\_\_\_\_ 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: [ ]**BOOKING REQUIREMENTS**FULL-TIME DELEGATE (individual): **SINGLE FULL-TIME DELEGATE FEE** £199

The fee includes accommodation, lectures, trade show, social events and all meals from Friday lunchtime to Sunday breakfast.

**PAYMENTS MUST BE MADE 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 your 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 a reference if required) and send a completed application form to: [microbeconference@gmail.com](mailto:microbeconference@gmail.com)Forms and cheques should be sent to:

Mr M Preston, 11 Buckingham Way, Maltby, Rotherham, South Yorkshire, S66 7EA

Tel: 01709 815712 or 07432 530110

Please note our cancellation policy:**100% refund** >12 weeks notice**50% refund** >8 weeks but <12 weeks notice**No refund** <8 weeks notice