

HILTON HOTEL SHEFFIELD
September 21-23 2012



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 []

BOOKING REQUIREMENTS

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 AND USE THE FOLLOWING. IBAN: GB49 NWBK 604002 83925449. BIC: NWBK GB 2L. ACCOUNT NO: 83925449. SORT CODE: 60-40-02

Please return completed form plus remittance OR BACS instructions to:

Mr S Taylor
Microbiology Department
Chesterfield & North Derbyshire Royal Hospital
Calow
Chesterfield
S44 5BL

Telephone Enquiries: 01246 512270

Fax: 01246 512536

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