



**The Association for  
Clinical Biochemistry**

**ACB Southern Region Winter Scientific Meeting**

**CANCER UPDATE**

to be held at

LT2 Cruciform Building, University College London, Gower St, London  
on

Friday 8<sup>th</sup> January 2010

**Registration Form**  
(PLEASE USE BLOCK CAPITALS)

Title: ..... First Name: ..... Family Name: .....

Organisation: .....

Address: .....

City: ..... Post Code: ..... Country: .....

Tel: ..... Fax: .....

E-mail: .....

Membership No: .....

**Registration**

I would like to attend this meeting and \*enclose the registration fee / paid securely online by credit card / made a bank transfer of the registration fee indicated below. (\* - delete as appropriate)

- |                          |        |   |
|--------------------------|--------|---|
| <input type="checkbox"/> | £25.00 | ACB Members                                 |
| <input type="checkbox"/> | £15.00 | Pre-Registration Trainee Clinical Scientist |
| <input type="checkbox"/> | £40.00 | Non Member                                  |
| <input type="checkbox"/> | £0.00  | Retired                                     |

Please state any dietary/disability requirements:

---

**Methods of payment:**

Cheques should be made payable to: **The Association for Clinical Biochemistry Ltd.**, and sent 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 : GB07MIDL 400212 70116211

Bank Sort Code : 40-02-12

Bank Account Number : 7011 6211

Bank Account Name : Association For Clinical Biochemistry

Bankers.: HSBC Bank, 281 Chiswick High Road, LONDON W4 4HJ