

APPLICATION FORM: POSTER PRESENTER 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): **POSTER PRESENTER FULL-TIME DELEGATE FEE £160**

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 £160. 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

Forms and cheques should be sent to:

FAO Mr Alex Millson/Ms Charlotte O'Reilly, Microbiology Department, The Rotherham Foundation Trust Hospital, Rotherham, South Yorkshire, S60 2UD

Please note our cancellation policy:

100% refund >12 weeks notice

50% refund >8 weeks but <12 weeks notice

No refund <8 weeks notice