

# Booking Form

## Your details

Payment / PO details must accompany all bookings.  
All sections of this form must be completed to validate your registration.

IBMS Member – (Membership No. \_\_\_\_\_ )  Non-Member  
 Retired IBMS Member

1. Title: Prof/Dr/Mr/Mrs/Ms/Miss/Other

2. Forename(s)\*

3. Surname\*

4. Job Title\*

5. Department

6. Establishment / Organisation\*

7. Address for Correspondence (inc postcode)

8. Tel No.

ext:

9. Email

I wish to attend the following days and sessions as indicated:

September

M	T	W	Th
25	26	27	28

Biomedical Laboratory Support Staff

Cellular Pathology

Clinical Chemistry

Cytopathology

Education and Training

Haematology

Histology & Cytology Case Study Workshop

Immunology

Laboratory Management

Medical Microbiology

Molecular Pathology

Plenary

Point-of-Care Testing

Quality Management

Transfusion Science

UKAS Programme

Virology

**Helpline: 01892 779990**

## In which area are you employed?

NHS Laboratory  Private Health Laboratory

*This information is only used internally by the IBMS for planning purposes.*

### Please indicate your NHS or Equivalent employment grade

AfC band 2-4  AfC band 5-6  AfC band 7  AfC band 8a-8d

### Or are you involved in any of the following?

Academia Research  Diagnostics Industry  Other (please specify)  
 Academia Teaching  Forensic Laboratory  
 Academia Student  Veterinary Diagnostics Services  
 Armed Forces

## Please keep a copy for your records

In providing your contact information as part of registering for the IBMS Biomedical Science Congress; you are giving your consent for the Institute of Biomedical Science, the organisers of the IBMS Biomedical Science Congress to contact you about future IBMS Biomedical Science Congress events and other relevant and related events. Should you wish to stop receiving communication about these events, you will have the option to easily unsubscribe from those emails and mailings you no longer wish to receive. Please see our Data Privacy Policy at: <http://congress.ibms.org/privacy-notice/>

All delegates registering for the IBMS Biomedical Science Congress are agreeing to the event Terms & Conditions by completing and returning the registration form. The Event Terms and Conditions can be found at: <http://congress.ibms.org/terms-and-conditions/>

## Payment

Please refer to the Congress Delegate Fees table or visit <http://congress.ibms.org>

Total £ \_\_\_\_\_ inc VAT

### Card

Please register online or contact the Registration Office helpline on 01892 779990

### Cheque

Made payable to:  
IBMS (Professional Services) Ltd

## Registration options

**Online:** <http://congress.ibms.org>

**Scan your completed form and email to:**  
[ibmscongress@stepex.com](mailto:ibmscongress@stepex.com)

### Invoice

A Purchase Order addressed to:  
IBMS (Professional Services) Ltd.

Purchase Order Number: \_\_\_\_\_

### Invoicing Details

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Finance Dept Contact name: \_\_\_\_\_

Tel: \_\_\_\_\_

Email address for sending invoice: \_\_\_\_\_