

Booking Form



Your details

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

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

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 _____

	March 14	15	16	17
Biomedical Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytopathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plenary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of Care Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfusion Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In which area are you employed?

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

NHS Laboratory Private Health Laboratory

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

Invoicing / Finance Information

It is important to be certain that the recorded details of your company are as complete and accurate as possible.

Purchase Order Number: _____ Contact Name: _____

Full Company Name: _____

Address for Invoicing: _____

Post Code: _____ Telephone: _____ Email: _____

Standard Rates Inc VAT

IBMS Members

1 Day	£210	<input type="checkbox"/>
2 Days	£400	<input type="checkbox"/>
3 Days	£550	<input type="checkbox"/>
Monday 14 March plus another day	£105	<input type="checkbox"/>
Monday 14 March only	£125	<input type="checkbox"/>
Biomedical Support Staff - Tuesday 15 March (half day)	£105	<input type="checkbox"/>

Retired Members

1 Day	£165	<input type="checkbox"/>
2 Days	£325	<input type="checkbox"/>
3 Days	£430	<input type="checkbox"/>
Monday 14 March plus another day	£85	<input type="checkbox"/>
14 March ONLY	£105	<input type="checkbox"/>
Biomedical Support Staff - Tuesday 15 March (half day)	£85	<input type="checkbox"/>

Non-Members

1 Day	£250	<input type="checkbox"/>
2 Days	£495	<input type="checkbox"/>
3 Days	£655	<input type="checkbox"/>
Monday 14 March plus another day	£145	<input type="checkbox"/>
Monday 14 March only	£170	<input type="checkbox"/>
Biomedical Support Staff - Tuesday 15 March (half day)	£125	<input type="checkbox"/>

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/>

Please note that you will be issued with a bar coded name badge on entry to the event. Exhibitors and other associates may have bar code readers and scanning software on hand-held devices and other computerised systems. Bar code readers may also be in operation outside seminar theatres and other areas within the event for the purpose of recording those people attending individual seminars or entering certain areas. By allowing your badge to be scanned by any such device; you are deemed to have consented to passing over your registration details. Allowing your badge to be scanned is akin to handing over a business card.