

ASSOCIATION OF CLINICAL PATHOLOGISTS

Immunology Training Days Application Form

Forename (just one, how you like to be known):		
Surname: (family name)		
Work address:		
Work telephone number:		
Email address (essential*):		
NTN (please specify if immunology, paediatric immunology or allergy)		
<i>For Specialist Registrars:</i> Registered subject for CCT is: Anticipated CCT date is:	<i>For Clinical Scientists:</i> Grade: Speciality: Do you intend to sit the MRCPATH Immunology Exam? Yes/No	<i>For Paediatrics</i> BPIAG member yes/no Membership date:
*We plan to use email for all communication whenever possible. We will also include information on our website in the future. Medics can have a free email address, fax number, online textbooks, etc. at www.Doctors.net.uk available from any computer on the internet. Other free email accounts are available from www.hotmail.com , www.postmaster.co.uk , etc.		

Your cheque for £50 should be made payable to “**Association of Clinical Pathologists - Immunology Training Days**”

If you prefer to pay by credit card, please complete the form below.

Cardholder name (as printed on card)		
Cardholder address		
Credit Card number: (Visa/Mastercard only)	<input type="text"/>	
Security Number: (last 3 digits on signature strip on reverse of card)	<input type="text"/>	
Expiry date	<u>Total payment £50.00</u>	Signature

Please return completed registration form, **together with relevant fee**, to:-

Association of Clinical Pathologists, 189 Dyke Road, Hove, East Sussex, BN3 1TL

or Fax 01273 773303 or email admin@pathologists.org.uk