



SAFE USE OF LIQUID NITROGEN IN LABORATORY ENVIRONMENTS AND DEVELOPMENTS IN CRYOPRESERVATION

Austin Court, 80 Cambridge Street, Birmingham	5 October 2009
The Barbican, Silk Street, London	6 October 2009
Brighton Racecourse, Race Hill, Brighton	7 October 2009
SWALEC Stadium, Cardiff	8 October 2009
Headingley Carnegie Stadium, St Michaels Lane, Leeds	13 October 2009
Haydock Park Racecourse, Newton-le-Willows, Merseyside	14 October 2009
Murrayfield, Edinburgh	15 October 2009

**£50 per delegate (inc. VAT) - payment must be made in advance to secure place.
The course will start at 9.30am and is expected to finish by 3.00pm.**

Payment Methods

1. Send a cheque, made payable to CryoService Ltd along with a completed registration form to CryoService Ltd, Warndon Business Park, Worcester, WR4 9RH. You will then be sent a receipt in the post.
2. Telephone the CryoService Sales Support Office on 01905 758200 and give your credit card details along with the details of the delegates attending. (Please note we do not accept American Express cards). You will then be sent a receipt in the post.
3. Complete and return the registration form requesting a proforma invoice. An invoice will be sent to you in the post and then payment can be made by BACS or cheque quoting the invoice number. This payment method cannot be used within 21 days of the course date.

Please **DO NOT** send payments without either quoting an invoice number or attaching a copy of the registration form.

Due to the limited number of places on the course payment must be received at least 21 days prior to the date of the course. If payment is not received before this date places may be given to other delegates.

Course Content

- Latest cryopreservation storage techniques
- Practical advice on safe use of Liquid Nitrogen
- Merits of liquid versus vapour phase storage
- Best practice in Oxygen depletion monitoring
- Development of off site repositories and sample transfer techniques

REGISTRATION FORM

SAFE USE OF LIQUID NITROGEN IN LABORATORY ENVIRONMENTS AND DEVELOPMENTS IN CRYOPRESERVATION

Please complete a form for each delegate registering

Surname			
Forename			
Title			
Job Title			
Department			
Organisation			
Address			
Postcode			
Telephone No. (inc. extension)			
Email Address			
Any Special Dietary Requirements			
Payment Included	Yes	No	Please send me a proforma invoice

Please indicate your choice of date and location by ticking the appropriate box below:

Austin Court, 80 Cambridge Street, Birmingham	5 October 2009	<input type="checkbox"/>
The Barbican, Silk Street, London	6 October 2009	<input type="checkbox"/>
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Please return this completed form either by FAX to **01905 754060**
or by post to: **CryoService Ltd, Warndon Business Park, Worcester, WR4 9RH.**

THIS SECTION TO BE COMPLETED BY CRYOSERVICE

Date Payment Received	
Invoice Number	
BACS Ref	
Credit Card Authorisation No	
Cheque No	
Date Confirmation Letter Sent	