**Annual Study Conference 2019**

The Hayes Conference Centre, Swanwick, Alfreton, Derbyshire, DE55 1AU

Monday 23rd to Wednesday 25th September 2019

**Booking Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Details** | | | | |
| **First Name:** |  | | **Title:** |  |
| **Surname:** |  | | **CHCC Membership No:** |  |
| **Organisation (Trust/Board):** | |  | | |
| **Email address:** | |  | | |
| **Phone number:** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Details**  Please obtain approval from your Trust/Board, or paying Organisation, if necessary quote any Purchase Order or Reference Number | | | |
| **Purchase order No.** | |  | |
| **Name and address for Invoice** | | | |
| **Name:** |  | | |
| **Address including postcode:** |  | | |
| **Confirmation** | | | |
| **Please tick 🗸** Ihave read and agree to the **booking terms** including the **cancellation charges** detailed overleaf | | |  |
| **Please tick 🗸 as appropriate** I have included an **official Purchase Order** and **Reference Number** | | |  |
| **Please tick 🗸 as appropriate** I have included a **cheque** | | |  |

*NB: An application requesting an NHS Trust or similar body to be invoiced will NOT be processed unless it is accompanied by an* ***Official Purchase Order*** *and* ***Reference Number***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Booking Details** | | | | | | | | |
| **Date of booking** | |  | | | | **Cost p/p** | **Option**  (Please tick **🗸**) | |
| **Full Residential Mon – Wed** *includes lunch on Mon and Wed.* | *CHCC Member* | **Early Bird**  *Completed booking form including cheque or purchase order number must be received*  *before 30th April 2019* | | | | **£295** |  | |
| **Standard Rate**  *Completed booking form including cheque or purchase order number must be received*  *before 23rd August 2019* | | | | **£310** |  | |
| **Late booking**  *Completed booking form received after August 22nd 2019* | | | | **£330** |  | |
| *Non CHCC Member* | **Standard Rate**  *Completed booking form including cheque or purchase order number must be received*  *before 23rd August 2019*  ***Applications received after this date will incur a surcharge of £25*** | | | | **£375** |  | |
| **Non Residential** | *All Delegates* | **Standard Rate**  *(for all meals and sessions except breakfast)* | | | | **£220** |  | |
| **Day delegate**  **Tuesday only** | *All Delegates* | **Standard Rate**  *(for all Tuesday sessions with refreshments and lunch)* | | | | **£100** |  | |
|  | | | | | | | | |
| **Disable facility requirements/ any other requests (please tick) 🗸** | | | Wheelchair user |  | Hearing impaired | | |  |
| Mobility impaired |  | Other (please specify below) | | |  |
| Visually impaired |  | Not applicable | | |  |
| **Allergy / Dietary/special requirements (please specify)** | | | *.* | | | | | |
| **Delegate list**: Please tick 🗸 if you do not wish your name to be shared with other conference delegates | | | | | | | |  |

**BOOKING TERMS**

* Submission of a completed registration form constitutes a firm booking
* Bookings will only be made upon receipt of a fully completed booking form

Booking form should be completed in **BLOCK CAPITALS** and dated. The completed form can be returned electronically to: [conference@healthcarechaplains.org](mailto:conference@healthcarechaplains.org) of by post to: CHCC Conference, The Chaplaincy Office, Queen’s Hospital (UHDB), Belvedere Road, BURTON-ON-TRENT, Staffs, DE13 0RB

* + An application requesting an NHS Trust or similar body to be invoiced will **NOT** be processed unless it is accompanied by an **official Purchase Order** and **Reference Number**
  + All invoices for the conference must be paid within 30 days of invoice date or will incur a 10% late charge.

**ACKNOWLEDGEMENT OF REGISTRATION:**

If you have not received acknowledgement of your conference registration three weeks before the conference, please contact the conference administrator to confirm that your registration has been received.

**CANCELLATIONS:**

* The conference administrator should be informed of any cancellations as soon as possible. The conference fee is non-refundable, except in exceptional and unforeseen circumstances at the discretion of the CHCC President and Treasurer. Any refunds will be less an administration fee of £25 per person.

**SUBSTITUTE DELEGATES:**

* If you are unable to attend, a substitute may attend in your place. Please inform the conference administrator of any changes as soon as possible so that replacement badges may be issued.

If you have any queries on the booking form please contact the conference administrator (Revd Alison Thorp) on:

01283 566333 (Ext 5666) number or email: [conference@healthcarechaplains.org](mailto:conferenceadmin@healthcarechaplains.org)