**CHCC Annual Study Conference 2024**

Hatfield College, Durham University

From 4pm on Mon 9th Sept to 1pm on Wed 11th Sept 2024

**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 | | | |
| **Please delete as appropriate:** | 1. Trust or other organisation to be invoiced. | 1. Self-financing – conference delegate to be invoiced. | |
| **If payment is to be made by a Trust or other Organisation:** | **A Purchase Order Form must be included with this form. Enter reference here:** **PO Ref:** | | |
| **Name for Invoice:** |  | | |
| **Invoice Address**  **including postcode:** |  | | |
| **E-mail address for invoicing:** |  | | |
| **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** | | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Booking Details** | | | | | | | | | | |
| **Date booking received by conference admin team.** | |  | | | | **Cost p/p** | **Option**  (Please tick **🗸**) | | | |
| **Full Residential**  **Mon - Wed** | *CHCC Member* | **Early Bird**  *Completed booking form including payment or purchase order number must be received*  ***before 31st May 2024*** | | | | **£325** |  | | | |
| **Standard Rate**  *Completed booking form including payment or purchase order number must be received*  ***before 31st July 2024*** | | | | **£345** |  | | | |
| **Late booking**  *Completed booking form received between 1st August 2024 and 16th August 2024.*  ***No bookings will be accepted after 16th August 2024*** | | | | **£375** |  | | | |
| *Non CHCC Member* | **Standard Rate**  *Bookings open on 1st June and booking form including cheque or purchase order number must be received* ***before 16th August 2024*** | | | | **£425** |  | | | |
| **Non Residential** | *All Delegates* | **Standard Rate**  *(for all sessions with refreshments plus lunch on Tues & Weds)* | | | | **£230** |  | | | |
| **Day delegate**  **Tues only** | *All Delegates* | **Standard Rate**  *(for all Tues sessions with refreshments and lunch)* | | | | **£115** |  | | | |
|  | | | | | | | | | | |
| **Disabled facility requirements / any other requests (please tick) 🗸 if none please tick not applicable.** | | | Wheelchair user |  | Hearing impaired | | | |  | |
| Mobility impaired |  | Other (please specify below) | | | |  | |
| Visually impaired |  | Not applicable | | | |  | |
| **Allergy / Dietary / Special requirements (please specify)** | | |  | | | | | | | |
| **Delegate list**: Are you willing to share your contact details with other conference delegates (please circle) | | | | | | | | **Yes** | | **No** |

**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, including **Purchase Order and Reference Number**
  + Booking form should be completed in **BLOCK CAPITALS** and dated. The completed form can be returned
    - electronically to: conference@healthcarechaplains.org
    - by post to: Liz Allison 10 Badgers Green, Tornagrain, Inverness IV2 8BH.
  + All invoices for the conference must be paid within 30 days of invoice date or will incur a 10% late charge.

Please note there is **no parking** available at the conference venue, travel will need to be by public transport or you will need to arrange your own parking.

There is a **half-mile** walk between the accommodation and the conference venues.

**ACKNOWLEDGEMENT OF REGISTRATION:**

If you have not received acknowledgement of your conference registration within one month of submitting your application form, 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 on:

phone number: 07748 672999 or email [conference@healthcarechaplains.org](about:blank)