

# Community Hospitals Association National Conference

## Terms and Conditions

**Conference Dates:** 10th and 11th October 2024

**Location:** Delta by Marriott Cheltenham Chase, Brockworth GL3 4PB

### 1. General

These Terms and Conditions ("Terms") govern your participation in the Community Hospitals Association National Conference ("Conference"). By registering for the conference, you agree to comply with these Terms.

### 2. Registration

**Eligibility:** Registration is open to all community hospital's professionals and interested parties.

**Confirmation:** Upon successful registration, you will receive an email confirming your booking. Please bring this confirmation to the Conference for verification. Your booking will be secure once full payment has been made.

### 3. Fees

**Payment:** To secure your booking all fees must be paid in full. Payment methods include online card payment, bank transfer and payment by invoice.

**Online card payment:** Registrants are requested to 'submit' their conference choices and click 'submit' on the Google Registration Form. The registration form then provides a secure online card payment link to process card payments.

**Bank Transfer:** Payments can be made via bank transfer. Please use the following details:

**Account Name:** Community Hospitals Association

**Bank:** Barclays Bank PLC

**Sort Code:** 20-62-53

**Account No:** 63627837

**Reference:** Please include your surname and first name initial as a reference to support BACS payment e.g. Smith, J

**Payment by Invoice:** To pay by invoice, you will need to forward the following information to [info@communityhospitals.net](mailto:info@communityhospitals.net) An invoice will then be issued to the named contact.

**PO (Purchase Order) Number** (if required)

**Purchase Item(s) description:** Names of delegates attending and tickets.

**Value of PO / Invoice:** Total invoice amount based on no. of delegates attending and tickets.

**Contact Name:** Name of colleague to whom the invoice should be sent e.g. finance department

**Address to send the Invoice:** Email address and office address of finance contact.

Inclusions: The registration fee includes access to all sessions, conference materials, and refreshments as specified in the Conference Brochure.

#### **4. Cancellation and Refunds**

Cancellation by Participant:

Cancellations received on or before 31<sup>st</sup> August 2024 will receive a full refund minus a £50 administrative fee.

Cancellations received between 1<sup>st</sup> September and 23<sup>rd</sup> September will receive a 50% refund

Cancellations received after 24<sup>th</sup> September are non-refundable.

All cancellation requests must be submitted in writing to [eleonor@communityhospitals.net](mailto:eleonor@communityhospitals.net)

Cancellation by Organiser: In the unlikely conference that the Conference is cancelled or postponed by the Organiser, registrants will be offered a full refund. The Organiser is not responsible for any travel or accommodation costs incurred by registrants.

#### **5. Substitution Policy**

Substitutions are allowed at no additional cost. All substitution requests must be made in writing to [eleonor@communityhospitals.net](mailto:eleonor@communityhospitals.net) and received by 1st September. Please provide the full name and contact details of the substitute delegate.

#### **6. Changes to the Programme**

The Organiser reserves the right to make changes to the Conference programme, including but not limited to, changes in the schedule, speakers, and topics. Any such changes will be communicated to delegates as soon as possible.

#### **7. Code of Conduct**

All delegates are expected to behave professionally and respectfully towards others throughout the conference.

#### **8. Liability**

The Organiser is not liable for any loss, damage, injury, or expense incurred by delegates as a result of their attendance at the conference. This includes but is not limited to, personal injury, property damage, or any other direct or indirect losses.

#### **9. Data Protection**

By registering for the CHA National Conference, you consent to the processing of your registration information in accordance with the Data Protection Act 2018. Your registration information will be used solely for the purposes of organising and administering the conference. We will not share your information with third parties without your explicit consent as detailed on the Google Registration Form 'consents' section.

#### **10. Photography and Recording**

The conference may be photographed or recorded for promotional purposes. By attending the conference, you consent to being photographed or recorded and to the use of your likeness in any promotional material.

## **11. Contact Information**

For any questions or further information, please contact us at:

Email: [eleanor@communityhospitals.net](mailto:eleanor@communityhospitals.net) or [info@communityhospitals.net](mailto:info@communityhospitals.net)

Registered Address: Suite 3 1 - 3 Warren Court, Park Road, Crowborough, East Sussex TN6 2QX

Company information: Community Hospitals Association Ltd Registered Company: 08469880

By registering for the Community Hospitals Association Conference, you acknowledge that you have read, understood, and agree to be bound by these Terms and Conditions.

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