



Reg'd. Charity No. 1014630

National Association of Choirs

Joining the Nation in Choral Singing

National Conference Booking Form 1 13-15 April 2018

Maids Head Hotel 20 Tombland NR3 1LB Norwich

Conference Costs

Full Conference Stay

The price quoted is **per person for the whole conference**

There are no single room supplements

Price per person for whole conference includes admission to all lectures

two nights bed breakfast and evening meal

refreshments and free admission to Saturday evening concert

per person **£230**

Stay an extra night - Single £95 BB - Double/Twin (two persons) £115 BB

Day Delegate (Saturday)

Please circle requirements

Refreshments and lunch included £40.00

Evening meal Saturday add £25.00

Concert ticket Saturday add £10.00

Gala Dinner add £35.00

Payments

Full Conference Stay

Deposit of £70 [non refundable] by 30 November 2017, balance by 28 February 2017

Final payment reminders will be sent

Day delegates

Payment in full when booking [non refundable]

Amount Submitted £ _____

Please return your completed forms and deposits to the address below

You must inform us in writing of any cancellation by 1 March 2018

(Cancellations after this date will incur a charge of 50% of the total fee payable)

Substitute guests will be welcome

Cheques should be made payable to the National Association of Choirs

THE PERSONAL DETAILS OF EACH DELEGATE MUST BE ENTERED ON FORM 2

Please return your completed forms and deposits to

Clive Lawton - Conference Coordinator, 20 Arthur's Court, Stretton, Burton upon Trent Staffordshire DE13 0GS

01283 569677 or 07939012458

conference.coordinator@nationalassociationofchoirs.org.uk



Reg'd. Charity No. 1014630

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National Conference Booking Form 2 13-15 April 2018

Maids Head Hotel 20 Tombland NR3 1LB Norwich

The event is open to all who wish to attend on payment of the appropriate charges

Guest 1

Title Mr/Mrs/Miss.....

First Name.....

Surname.....

Address.....

.....Post Code.....

Telephone Home.....Mobile.....

Email Address.....

Special Requirements

Diet [type].....

Disability [wheelchair user/handrails required etc.].....

NAC group.....

Choir Name.....

Guest 2

Title Mr/Mrs/Miss.....

First Name.....

Surname.....

Address.....

.....Post Code.....

Telephone Home.....Mobile.....

Email Address.....

Special Requirements

Diet [type].....

Disability [wheelchair user/handrails required etc.].....

NAC group.....

Choir Name.....

PLEASE PHOTOCOPY THIS FORM FOR MORE GUESTS IF REQUIRED

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