



Reg'd. Charity No. 1014630

National Association of Choirs

Joining the Nation in Choral Singing

National Conference Booking Form 1 20-22 March 2026

Doubletree by Hilton Hoole Hall Hotel and Spa
Warrington Road, Hoole, Chester CH2 3PD

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, evening meal, refreshments and free admission to Saturday evening concert.
per person £299

Cancellations two weeks before conference will incur a charge of 50% of the total fee payable.
Substitute guests will be welcome.

Day Delegates

Payment in full when booking (non-refundable)

Please circle requirements

Day delegate fee including refreshments and lunch £80

Evening meal Saturday add £28.00

Concert ticket Saturday add £12.00

Friday Gala Dinner add £35.00

Deposit of £70 with booking form. Balance by early February 2026

Please circle Room Type -

single double twin

Amount submitted £ _____

Please return your completed forms and deposits to the address below

Payment method - tick the appropriate box

Paying by cheque

Cheques should be made payable to

The National Association of Choirs

Please return your completed forms and cheque
to the address below

Paying by BACS

You may pay by BACS

(please indicate BACS on booking form)

Pay to **National Association of Choirs**

Sort code 30 94 19 - Account no 30254060

Reference: Conference 2025.

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

Clive Lawton - Conference Coordinator, 20 Arthur's Court, Stretton, Burton upon Trent Staffordshire DE13 0GS
07939012458 cliveandpatlawton@btinternet.com



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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