

ChristCentral Conference Fees Cancellation Fund Info & Terms

Please read this carefully. If you need any further explanation, email:
cancellation.fund@christcentralchurches.org

Definitions

Some words in this schedule are in *italics* and have a particular meaning. Wherever they appear their meanings are given below:

<i>The Fund</i>	Cancellation Fund
<i>Delegate/you/your</i>	Each person named on the booking form
<i>Close Relative</i>	Your husband, wife, parent, parent-in-law, child, brother, sister or fiancé(e)
<i>Business Associate</i>	Anyone who works at <i>your</i> place of business and who, if <i>you</i> were both away from work at the same time would prevent the business from functioning properly

Cancellation Fund

The *fund* will reimburse *you* from the date *your* booking fee or deposit is received by ChristCentral or the date from which conference refunds are unavailable (for detail see conference web site), whichever is the later, in respect of:

1. irrecoverable deposits or charges paid in advance or contracted to be paid
2. the return of the unused portion of the irrecoverable pre-paid expenses for the conference as a result of being unavoidably cancelled or curtailed due to:
 - the illness, serious injury or death of the *delegate*
 - the death, serious injury or illness of:
 - i. any person with whom *you* have planned to stay or travel
 - ii. a *close relative* or *business associate*
 - *you* or any person with whom *you* have arranged to travel being required for Jury Service or as a witness in a Court of Law
 - *your* redundancy provided that *you* have been in continuous full-time employment for at least 12 months with the same employer
 - *your* home becoming uninhabitable following fire, theft, storm or flood
 - *your* presence being requested by the Fire/Police Authorities following fire, theft, storm, or flood at *your* home or place of business.

The most *the fund* will pay shall not exceed the booking fees paid or contracted to be paid by *you*.

A £15 administration fee will be deducted from the final amount *the fund* agrees to pay.

Exclusions

The following situations are not covered:

- a medical condition of any *delegate* when at the time of booking *you*:
 - i. are receiving inpatient treatment or are on the waiting list for inpatient treatment
 - ii. have received a terminal prognosis
 - iii. are intending to travel against medical advice
- any loss directly or indirectly from:
 - i. ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - ii. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component.
- any consequence of war, invasion, act of foreign enemy, hostilities (whether war may be declared or not), civil war, rebellion, revolution, insurrection, military force or coup.

Conditions

- Any application to *the fund* must be made by no later than 7 days from the last day of the conference.
- The amount paid will be limited to the charges incurred at the time *you* know *you* need to cancel.
- If an application is fraudulent in any respect all benefit under *the fund* is forfeited.

Application Conditions

To make an application you must:

- complete the appropriate form available online (www.christcentralchurches.org)
- give all assistance and information we may require
- provide any required documentation as indicated by the application request

ChristCentral Conference Fees Cancellation Fund Application Form

Please complete each section in full. This form plus the required evidence to support your application should be submitted to Conference Fees Cancellation Fund, ChristCentral, PO BOX 7736 Derby DE1 0RY. No action will be taken on your application until this supporting evidence is received.

Name		
Address (including postcode)		
Telephone (daytime/evening)		
Email address		
Name of Delegate(s) in respect of whom the application is being made		
Conference name and booking number		
Please select (✓) one reason for cancellation/curtailment	✓	Please supply the related evidence to support application.
1. Illness, serious injury or death of the delegate.		1. Doctor's certificate or death certificate for delegate.
2. Death, serious injury or illness of: i. any person with whom you have planned to stay or travel; ii. a close relative or business associate		2. Death or doctor's certificate for relevant person.
3. Required for Jury Service or as a witness in a Court of Law (you or any person with whom you had arranged to travel).		3. Letter from Court Authorities requiring attendance as juror or witness.
4. Redundancy (provided you have been in continuous full-time employment for at least 12 months with the same employer).		4. Letter confirming redundancy from employer
5. Your home becoming uninhabitable following fire, theft, storm or flood.		5. Letter of confirmation from insurance company.
6. Your presence being requested by the Fire / Police Authorities following fire, theft, storm or flood at your home or place of business.		6. Letter of confirmation from insurance company or employer.
Additional explanatory notes:		
Amount claimed: Amount paid £ Less any refund £ Net amount claimed £		
Please note that a £15 administration fee will be deducted from the final amount we agree to pay.		
I / We declare that the foregoing particulars are true in every respect.		
Signature:	Date:	