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|  | CMSUK Booking Form |  |  |
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| Date |  | Name |
|  |  |  |
| Company Name |  |  |
| Information |
|  |
| **Home phone number** |  | **Mobile number** |  | **Email address** |
|  |  |  |
| **Address** |
|  |
|  |  |  |  |  |
| City |  |   |  | Postcode |
|  |
| Which sponsorship package would you like to support?  |
|  |
| **Which Event and the Date of Event?** |
|  |
|  Amount: |
|  |
|  BOOKING TERMS & CONDITIONSBy registering for this event, you are agreeing to the following terms and conditions:General1. In these terms and conditions, the Case Management Society UK is referred to as CMSUK.
2. All bookings are subject to the final approval of the Chair of the CMSUK Events Committee. CMSUK reserves the right to terminate a booking in those circumstances where the Chair does not grant approval of a sponsor.

Payment3. CMSUK will not be bound by any price quoted on the telephone.4. CMSUK will not reserve any sponsorship bookings until payment has been received. All are sold on a first-come, first-served basis.Cancellations5. All cancellation requests must be received in writing.6. Refunds may be issued subject to the following notice periods:* 8+ weeks or more – 100% of the package price
* 5-12 weeks – 75% of the package price
1. CMSUK is unable to offer any refunds for cancellations made with eight weeks' notice or less.
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|  Signed: |
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