

Newfrontiers 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, Newfrontiers, The Matrix Complex, 91 Peterborough Road, London, SW6 3BU. 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					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount claimed: Amount paid £</td> <td style="width: 33%;">Less any refund £</td> <td style="width: 33%;">Net amount claimed £</td> </tr> </table> <p>Please note that a £15 administration fee will be deducted from the final amount we agree to pay.</p>			Amount claimed: Amount paid £	Less any refund £	Net amount claimed £
Amount claimed: Amount paid £	Less any refund £	Net amount claimed £			
I / We declare that the foregoing particulars are true in every respect.					
Signature	Date				