

Catastrophic Injuries Conference 2024 Hilton Birmingham Metropole and Virtually

Wednesday, 15 - Friday, 17 May



Please book online at: www.apil.org.uk/personal-injury-legal-training

or return your completed booking form and payment to

Kathryn Scott, Senior Events Manager, APIL, 3 Alder Court, Rennie Hogg Road, Nottingham, NG2 1RX E-mail: kathryn.scott@apil.org.uk Tel: 0115 943 5436

Package	APIL member rate	Please tick	Non-member rate*	Please tick		
Two night package: Full conference pass With accommodation at the Hilton Birmingham Metropole on Wednesday, 15 and Thursday, 16 May, plus one ticket to the welcome reception on the Wednesday evening and one ticket to the dinner dance on Thursday, 16 May.	£1065 + VAT		£1465 + VAT			
One night package: Attendance on Thursday and Friday only* Includes accommodation and one ticket to the dinner dance on Thursday, 16 May	£815 + VAT		£1215 + VAT			
Day delegate only - Thursday, 16 May	£320 + VAT		£475 + VAT			
Day delegate only - Friday, 17 May	£320 + VAT		£475 + VAT			
Non-residential package (in-person attendance) Physical attendance at all conference sessions from Wednesday, 15 - Friday, 17 May. Please note that this package does NOT include accommodation or evening dinner tickets	£640 + VAT		£950 + VAT			
Partner supplements						
Welcome reception ticket - Wednesday, 15 May Dinner tickets can only be purchased with one of the above delegate packages, or for a partner/spouse	£60 + VAT		£60 + VAT			
Additional ticket to the dinner dance on Thursday, 16 May* Dinner tickets can only be purchased with one of the above delegate packages, or for a partner/spouse	£75 + VAT		£75 + VAT			
Double occupancy supplement per night Bed and breakfast supplement for spouses. Price charged per night.	£20 + VAT per night		£20 + VAT per night			
Virtual rates						
Virtual only rate Attendance at all conference sessions via the APIL App only	£640 + VAT		£950 + VAT			

*The non-member rate is only valid for those who are eligible for APIL membership.

WF2024

BOOKING DETAILS:			
Delegate name:			
Company name:			
E-mail:			
		ress	
Address:			
PAYMENT DETAILS:			
☐ I enclose a cheque for £	payable to the Association	n of Personal Injury Lawyers	
☐ Please charge my credit/debit	t card with the amount of £	(please delete as appropriate)	
My card number is		Expiry date	
Cardholder's name		CSC (3 digits on the back of card):	
Cardholder's address			
Cardholder's signature		Date	