

APIL annual clinical negligence conference 2025 Hilton Brighton Metropole, Brighton and Virtually Wednesday, 1 - Friday, 3 October



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

or return your completed booking form and payment to

Kathryn Scott, Events Consultant, 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 Celtic Manor Resort on Wednesday, 1 and Thursday, 2 October, plus one ticket to the welcome reception on the Wednesday evening and one ticket to the dinner dance on Thursday, 2 October.	£1135 + VAT		£1535 + VAT			
One night package: Attendance on Thursday and Friday only Includes accommodation and one ticket to the dinner dance on Thursday, 2 October	£875 + VAT		£1275 + VAT			
Day delegate only - Thursday, 2 October	£360 + VAT		£495 + VAT			
Day delegate only - Friday, 3 October	£360 + VAT		£495 + VAT			
Non-residential package (in-person attendance) Physical attendance at all conference sessions from Wednesday, 1 - Friday, 3 October. Please note that this package does NOT include accommodation or evening dinner tickets	£675 + VAT		£975 + VAT			
Partner supplements						
Welcome reception ticket - Wednesday, 1 October Dinner tickets can only be purchased with one of the above delegate packages, or for a partner/spouse	£65 + VAT		£65 + VAT			
Additional ticket to the dinner dance on Thursday, 2 October Dinner tickets can only be purchased with one of the above delegate packages, or for a partner/spouse	£85 + VAT		£85 + VAT			
Double occupancy supplement per night Bed and breakfast supplement for spouses. Price charged per night.	£35 + VAT per night		£35 + VAT per night			
Virtual rates						
Virtual only rate Attendance at all conference sessions via the APIL App only	£675 + VAT		£975 + VAT			

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* The non-me	ember rate is only valid for those who a	re eligible for APIL membership.	
BOOKING DETAILS:			
Delegate name:			
Company name:			
Please note that each delegate must	t be registered with a unique e-mail addre		
Special requirements (including	g dietary or access requirements):		
PAYMENT DETAILS:			
☐ I enclose a cheque for £	payable to the Association	n of Personal Injury Lawyers	
☐ Please charge my credit/de	bit 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	