

Advanced Brain and Spinal Cord Injury Conference 2025 The Celtic Manor Resort, Newport and Virtually Wednesday, 14 - Friday, 16 May



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

or return your completed booking form and payment to

APIL, 3 Alder Court, Rennie Hogg Road, Nottingham, NG2 1RX E-mail: training@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 Celtc Manor on Wednesday, 14 and Thursday, 15 May, plus one ticket to the welcome reception on the Wednesday evening and one ticket to the dinner dance on Thursday, 16 May.	£1135 + VAT		£1535 + VAT			
One night package: Attendance on Thursday and Friday only* Includes accommodation and one ticket to the dinner dance on Thursday, 15 May	£875 + VAT		£1275 + VAT			
Day delegate only - Thursday, 15 May	£360 + VAT		£495 + VAT			
Day delegate only - Friday, 16 May	£360 + VAT		£495 + VAT			
Non-residential package (in-person attendance) Physical attendance at all conference sessions from Wednesday, 14 - Friday, 16 May. Please note that this package does NOT include accommodation or evening dinner tickets	£675 + VAT		£975 + VAT			
Partner supplements						
Welcome reception ticket - Wednesday, 14 May 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, 15 May* 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.	£30 + VAT per night		£30 + VAT per night			
Virtual rates						
Virtual only rate Attendance at all conference sessions via the APIL App only	£675 + VAT		£975 + VAT			

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

WF2025

BOOKING DETAILS:				
Delegate name:				
Company name:				
E-mail:				
E-mail: Please note that each delegate must be registered with a unique e-mail address				
Address:				
Partner's name (only if applicable:				
PAYMENT DETAILS:				
☐ I enclose a cheque for £	_ payable to the Association of Pe	rsonal Injury Lawyers		
☐ Please charge my credit/debit 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		