

BOOKING FORM NSPKU 52nd Annual Conference and AGM 2025 Glasgow Westerwood Hotel, St Andrews Drive, Glasgow G68 0EW Saturday 12th April 2025

Please complete this form to book your place at the NSPKU 52nd Annual Conference and AGM 2025.

Return the completed form to: info@nspku.org (or by post to NSPKU (UK) Ltd PO Box 862 Chesterfield S43 9FF)

To secure your place(s) book and pay before 29th March 2025. Final deadline for all bookings 29th March 2025.

SUBSIDISED RATES ARE FOR NSPKU MEMBERS ONLY (Membership to have been in place by 31st December 2024).

Name Please enter first and last name		PKU YES/NO	If PKU – Daily Exchanges (please state) Below 10, 10-25, or 25 and abov		ove	Age of child at 12/04/2025	NSPKU M (prior to 3 Decembe YES/NO	31st	
						1		1	
				NSP	KU Member	Non	Member		
		Indicate room type and quantity			er Cost om) (meal sper person)	Cost (per room) (meal options per person)		Total Item	Cost £
24 hour Conference Package (including Day Conference, evening meal and Entertainment and Saturday night stay with breakfast)	Single Room			£87.50		£175.00			
	Double Room			£137.50)	£275.00			
	Family Room*			£147.50		£295.00			
Friday night stay (in addition to the 24 hour package) (member subsidy not applied to Friday night stays)	Single Room			£105.00		£105.00			
	Double Room			£105.00		£105.00			
	Family Room*			£125.00		£125.00			
Attendance to Day Conference only (lunch included) (day visitor fee does not include evening meal & entertainment)	Adult			£16.00		£40.00			
	Child**			£10.00		£25.00			
Evening Meal & Entertainment (can be	Adult			£13.00		£32.00			
booked as an optional extra to Day Conference attendance)	Child**			£8.00		£20.00			
Sunday Lunch Option (pre-booking essential)	Adult			£8.00		£20.00			
	Child**			£5.00		£12.00			
Please tick if this is your first conference				1		TOTAL T	TOTAL TO PAY £		
Number of Cots Required (overnight stays only):			Number of High		n Chairs Red	Chairs Required:			
*Family room: Double or Twin with additional beds provided (sofa bed) **Child – 15 years and under (all children under 5 FREE)								<u> </u>	
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PLEASE STATE e.g. wheelchair access, special diets (excluding PKU) etc.

YOUR DETAILS (PLEASE COMPLETE IN CAP	PITAL LETTERS)	Membership No. (if known)						
Name		Date						
Address								
Town	County		Postcode					
Telephone	Mobile		Email					