

BOOKING FORM

South Wales Branch

Elevating clinical confidence in dentistry

Strengthening skills across clinical and patient-centred dental care

Friday 12 June 2026

Majestic Hotel Cardiff, Bute Terrace, Cardiff CF10 2FL

Return to: branchsectionevents@bda.org

Book online



If booking for more than one delegate, please provide details on page 2.

We require a unique email address for every person booked so that we can send confirmations and CPD certificates directly to each attendee.

Delegate 1 – Lead booker

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____

Practice / Organisation name (if work address provided below): _____

Address: _____

Postcode: _____ Tel: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

I would like to register for Friday 12 June 2026 (our ref: BS1247)

- BDA member: £75
- Non-member dentist: £95
- Dental care professional: £50
- Undergraduate student / FD/VT: £50

Payment (please note that registrations will not be processed without payment)

Credit / debit card for £ _____ Visa debit/credit Mastercard debit/credit

Card number: _____

Expiry date: _____ Security number* (3 digits on reverse of card): _____

Name of cardholder: _____ Signature of cardholder: _____

* For data security, if booking using this form, please send a separate email with your 3 digit security number on the reverse of your card to branchsectionevents@bda.org or call us with this number on 020 7563 4590 - we cannot process your booking without it.

Stay in touch

The BDA will hold your personal data on its computer database and process it in accordance with the Data Protection Act. Further details at: bda.org/legal/privacy-policy

IMPORTANT: To keep in contact after the event, please let us know what you wish to receive correspondence about:

(If you currently receive any of the following and want to continue, please also tick "yes")

National and local events

Email: Yes No Post: Yes No

Offers and services

Email: Yes No Post: Yes No

Approved partners and suppliers

Email: Yes No Post: Yes No

I understand that I will be able to opt out from receiving these BDA communications at any time. Email mydetails@bda.org

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Delegate 2:

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____ Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Delegate type: [] BDA dentist member [] Non-member dentist [] DCP [] Undergraduate student / FD/VT

Delegate 3:

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____ Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Delegate type: [] BDA dentist member [] Non-member dentist [] DCP [] Undergraduate student / FD/VT

Delegate 4:

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____ Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Delegate type: [] BDA dentist member [] Non-member dentist [] DCP [] Undergraduate student / FD/VT

Delegate 5:

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____ Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Delegate type: [] BDA dentist member [] Non-member dentist [] DCP [] Undergraduate student / FD/VT

Delegate 6:

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____ Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Delegate type: [] BDA dentist member [] Non-member dentist [] DCP [] Undergraduate student / FD/VT

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Delegate 7:

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____ Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Delegate type: [] BDA dentist member [] Non-member dentist [] DCP [] Undergraduate student / FD/VT

Delegate 8:

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____ Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Delegate type: [] BDA dentist member [] Non-member dentist [] DCP [] Undergraduate student / FD/VT

Delegate 9:

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____ Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Delegate type: [] BDA dentist member [] Non-member dentist [] DCP [] Undergraduate student / FD/VT

Delegate 10:

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____ Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Delegate type: [] BDA dentist member [] Non-member dentist [] DCP [] Undergraduate student / FD/VT