

Essex Branch

Align, bleach and bond for lifetime dentistry

Wednesday 9 September 2026

The Lion House, Main Road, Boreham, Chelmsford, Essex CM3 3JA



Book here



Return by email to: branchsectionevents@bda.org

Delegate 1 – Lead booker:

Title:	First name:	Surname:
BDA membership number (if applicable):		GDC number (if applicable):
Performer number (if applicable):		
Job title:	Practice / Organisation (if work address provided):	
Address:		
Postcode:	Tel:	
Email:		
Any special requirements including disabled facilities etc:		

I would like to register for Wednesday 11 March 2026 (our ref: BS1282):

- BDA member/ LDC member: £50
- Non-member: £75
- Dental Care Professional / Undergraduate students / FDs/VDPS: £35

For multiple delegates please use next page.

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

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

Delegate 2:

Title:	First name:	Surname:	
BDA membership number <i>(if applicable)</i> :	GDC number <i>(if applicable)</i> :	Performer number <i>(if applicable)</i> :	
Job title:	Practice / Organisation:		
Email:			
Dietary requirements:	Booking type <i>(BDA member, DCP etc)</i> :		

Delegate 3:

Title:	First name:	Surname:	
BDA membership number <i>(if applicable)</i> :	GDC number <i>(if applicable)</i> :	Performer number <i>(if applicable)</i> :	
Job title:	Practice / Organisation:		
Email:			
Dietary requirements:	Booking type <i>(BDA member, DCP etc)</i> :		

Delegate 4:

Title:	First name:	Surname:	
BDA membership number <i>(if applicable)</i> :	GDC number <i>(if applicable)</i> :	Performer number <i>(if applicable)</i> :	
Job title:	Practice / Organisation:		
Email:			
Dietary requirements:	Booking type <i>(BDA member, DCP etc)</i> :		

Delegate 5:

Title:	First name:	Surname:	
BDA membership number <i>(if applicable)</i> :	GDC number <i>(if applicable)</i> :	Performer number <i>(if applicable)</i> :	
Job title:	Practice / Organisation:		
Email:			
Dietary requirements:	Booking type <i>(BDA member, DCP etc)</i> :		