Bromley and Beckenham Section Christmas lecture and meal - Looking more closely at Bruxism Thursday 11 December 2025

Chislehurst Golf Club, Camden Park Road, Chislehurst, Kent BR7 5HJ

Return by email to: branchsectionevents@bda.org or Tel: 020 7563 4590 (09:00-17:00 Mon-Thu)

Title: First name:	Surname	
BDA membership number (if applicable):	GDC number (if applica	able):
Job title:	Practice / Organisation	n (if work address provided below):
Address:		
	Postcode:	
Tel:	Email:	
Dietary requirements / special requirements): -	
I would like to register for Thursday 11 D	December 2025 (our ref: BS1255)	
[] BDA members - £45 [] Graduate FDs/VTs/Unde [] Dental care professionals [] Non-member dentists - £	s - £45	
For multiple delegates please add the ad We require a <u>unique</u> email address for excertificates directly to each attendee.		
Payment (please note that registrations will not be p	processed without payment)	
[] Credit / debit card for £	Visa [] Mastercard []	
Card number:		
Expiry date:	Security number* (3 digits on re	everse of card):
Name of cardholder:	Signature of card	holder:
* For data security, if booking using this form, ple card to branchsectionevents@bda.org or call us		
Stay in touch		
The BDA will hold your personal data on its comdetails at: bda.org/legal/privacy-policy	puter database and process it in accorda	ance with the Data Protection Act. Further
IMPORTANT: To keep in contact after the eve (If you currently receive any of the following and	ent, please let us know what you wish want to continue, please also tick "yes")	to receive correspondence about:
National and local events Off	ers and services	Approved partners and suppliers
Email: Yes No Post: Yes No Em I understand that I will be able to opt out from receiving	ail: Yes ☐ No ☐ Post: Yes ☐ No ☐ g these BDA communications at any time. Em	Email: Yes No Post: Yes No nail mydetails@bda.org

Guest 2

Title:	First name:	Surname:	
BDA membe	ership number (if applicable):	GDC number (if applicable):	
Job title:			
Email:			
Any special	requirements:		

Guest 3

Title:	First name:	Surname:	
BDA memb	pership number (if applicable):	GDC number (if applicable):	
Job title:			
Email:			
Any specia	I requirements:		

Guest 4

Title:	First name:	Surname:	
BDA memb	pership number (if applicable):	GDC number (if applicable):	
Job title:			
Email:			
Any special requirements:			

Guest 5

Title:	First name:	Surname:	
BDA membe	ership number (if applicable):	GDC number (if applicable):	
Job title:			
Email:			
Any special	requirements:		

Guest 6

Title:	First name:	Surname:
BDA members	ship number (if applicable):	GDC number (if applicable):
Job title:		
Email:		
Any special re	quirements:	