Essex Branch

Study day

Wednesday 26 November 2025

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

Return by email to: branchsectionevents@bda.org

Delegate 1 – Lead booker:				
Title: First name:	Surname:			
BDA membership number (if applicable):	GDC number (if application	ble):		
Job title:	Practice / Organisation	ı (if work address provided):		
Address:				
Postcode:	Tel:			
Email:				
Any special requirements including disabled facilities etc:				
I would like to register for Wednesday 26 November 2025 (our ref: BS1266):				
 BDA member: FREE Non-member: £25 Dental Care Professional / Undergraduate students / FDs/VDPS: FREE 				
For multiple delegates please use next page.				
We require a <u>unique</u> 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	Offers and services	Approved partners and suppliers		
Email: Yes 🗆 No 🗆 Post: Yes 🗆 No 🗆	Email: Yes 🗆 No 🗆 Post: Yes 🗆 No 🗆	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 members	hip number (if applicable):	GDC number (if applicable):	
Job title:		Practice / Organisation:	
Email:			
Any special red	quirements including disabled facilities	etc:	
Booking type (I	BDA member, DCP etc):		
Delegate 3:			
Title:	First name:	Surname:	
BDA members	hip number <i>(if applicable):</i>	GDC number (if applicable):	
Job title:		Practice / Organisation:	
Email:			
Any special red	quirements including disabled facilities	etc:	
Booking type (I	BDA member, DCP etc):		
Delegate 4:			
Title:	First name:	Surname:	
BDA members	hip number (if applicable):	GDC number (if applicable):	
Job title:		Practice / Organisation:	
Email:			
Any special red	quirements including disabled facilities	etc:	
Booking type (I	BDA member, DCP etc):		