## **Metropolitan Branch**



# The inspirational dental practice - or how to dream, believe, achieve success

## Thursday 12 March 2026

Hallam Conference Centre, 44 Hallam Street, London W1W 6JJ

Return to: branchsectionevents@bda.org

Title: First name:	Surname:
BDA membership number (if applicable):	GDC number (if applicable):
Job title:	Practice / Organisation (if work address provided):
Address:	
Postcode:	Tel:
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Any special requirements including disabled facilities et	C:
I would like to register for Thursday 12 March 2	026 (our ref: BS1281)
<ul><li>[ ] BDA member - Free</li><li>[ ] Non-member - £25</li><li>[ ] Student - Free</li><li>[ ] Dental Care Professional - Free</li></ul>	
For multiple delegates please add the additional na	mes on page 2 and total sum due below.
	booked so that we can send confirmations and CPD
Payment (please note that registrations will not be processed	ed without payment)
Credit / debit card for £ [ ] Visa	[ ] Mastercard
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	eparate email with your 3 digit security number on the reverse of your nber on 020 7563 4590 - we cannot process your booking without it.
Stay in touch The BDA will hold your personal data on its computer databas details at: bda.org/legal/privacy-policy	se and process it in accordance with the Data Protection Act. Further
IMPORTANT: To keep in contact after the event, please le (If you currently receive any of the following and want to continue to continue to the continue to th	t us know what you wish to receive correspondence about: nue, please select "Yes")
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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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Guest	2
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Title:	First name:	Surname:	
BDA member	rship number (if applicable):	GDC number (if applicable):	
Job title:			
Email:			
Any special re	equirements:		

#### Guest 3

Title:	First name:	Surname:	
BDA membe	rship number (if applicable):	GDC number (if applicable):	
Job title:			
Email:			
Any special i	equirements:		

#### Guest 4

Title:	First name:	Surname:	
BDA mem	bership number (if applicable):	GDC number (if applicable):	
Job title:			
Email:			
Any specia	al requirements:		

### Guest 5

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

## Guest 6

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