Metropolitan Branch

Competency, confidence and capability with clear aligner treatment

Thursday 20 November 2025

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:
Email:		
Any special requirements including disabled facilities etc:		

I would like to register for Thursday 20 November 2025 *(our ref: BS1249)*

[ ] BDA member - Free
[ ] Non-member - £25
[ ] Students - Free
[ ] Dental Care Professional - Free

For multiple delegates please add the additional names on page 2 and total sum due below.

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

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

Credit / debit card for £_____ [ ] Visa [ ] Mastercard

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 select "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

Guest 2

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

Guest 3

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

Guest 4

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

Guest 5

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

Guest 6

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