

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

Return by email to: [branchsectionevents@bda.org](mailto: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: FREE  
☐ Non-member: £25  
☐ Dental Care Professional / Undergraduate students / FDs/VDPS: FREE

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.

**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](mailto: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](http://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](mailto:mydetails@bda.org)

**Delegate 2:**

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

**Delegate 3:**

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

**Delegate 4:**

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

**Delegate 5:**

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