Bedford Section

Oral surgery getting it right from the start

Wednesday 26 November 2025

CDS Dental Care Centre, Bedford Health Village3 Kimbolton Road, BEDFORD, MK40 2NT

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

Title: First name:	Surname:
BDA membership number *(if applicable):*	GDC number *(if applicable):*
Job title:	Practice / Organisation name *(if work address provided):*
Address:	
	Postcode:
Tel:	Email:
Any special requirements including dietary, disabled facilities, seating requests etc:	

I would like to register for Wednesday 26 November 2025 *(Our ref: BS1275):*

[ ] BDA member £20
[ ] Non-member dentist £25
[ ] DCP/Undergraduate student £20

For multiple delegates please use an additional form for each person. 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 also tick "yes")

National and local events	Products 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

Delegate 2

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

Delegate 3

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

Delegate 4

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

Delegate 5

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

Delegate 6

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