

## Oxford Section

### Confident conversations - The mindset and skills for success in dentistry

Thursday 15 May 2025

Holiday Inn Oxford, Peartree Roundabout, Woodstock Road, Oxford OX2 8JD

Return by email to: [branchsectionevents@bda.org](mailto:branchsectionevents@bda.org) Tel: 020 7563 4590

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 etc:		

I would like to register for Thursday 15 May 2025 (our reference BS1117)

**Delegate rates:**

- ☐ BDA members - £10  
☐ Non-members - £20  
☐ FDs - £10  
☐ DCP - Hygienist, Therapist - £15  
☐ DCP - Dental Nurses, Practice Managers - £5

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](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 <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Email <i>(essential)</i> :
Any special requirements including seating, dietary, disabled facilities, etc:		

**Delegate 3**

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Email <i>(essential)</i> :
Any special requirements including seating, dietary, disabled facilities, etc:		

**Delegate 4**

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Email <i>(essential)</i> :
Any special requirements including seating, dietary, disabled facilities, etc:		

**Delegate 5**

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Email <i>(essential)</i> :
Any special requirements including seating, dietary, disabled facilities, etc:		

**Delegate 6**

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Email <i>(essential)</i> :
Any special requirements including seating, dietary, disabled facilities, etc:		

**Delegate 7**

Title:	First name:	Surname:
BDA membership number (if applicable):		GDC number (if applicable):
Job title:		Email (essential):
Any special requirements including seating, dietary, disabled facilities, etc:		

**Delegate 8**

Title:	First name:	Surname:
BDA membership number (if applicable):		GDC number (if applicable):
Job title:		Email (essential):
Any special requirements including seating, dietary, disabled facilities, etc:		

**Delegate 9**

Title:	First name:	Surname:
BDA membership number (if applicable):		GDC number (if applicable):
Job title:		Email (essential):
Any special requirements including seating, dietary, disabled facilities, etc:		

**Delegate 10**

Title:	First name:	Surname:
BDA membership number (if applicable):		GDC number (if applicable):
Job title:		Email (essential):
Any special requirements including seating, dietary, disabled facilities, etc:		