Essex Branch

Study day

Wednesday 11 March 2026

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

Return by email to: branchsectionevents@bda.org

Delegate 1 – Lead booker:

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 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.

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	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

Delegate 2:

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