Norfolk and Norwich Section Sip, swirl and smile Saturday 21 June 2025

Winbirri Vineyards, Bramerton Road, Surlingham, Norwich NR14 7DE

Return by email to: branchsectionevents@bda.org or Tel: 020 7563 4590

Guest 1

Title: First name:	Surname	
BDA membership number (if applicable).	: GDC number (if applicat	le):
Job title:	Practice / Organisation	(if work address provided below):
Address:		
Postcode:	Tel:	
Email:		
Any special requirements including diet	tary, disability facilities etc:	
I would like to register for Saturday 2	21 June 2025 (our ref: BS1150)	
[] All delegates – £40		
For multiple delegates please use an add booked so that we can send confirmation	ditional form for each person. We require a ns and CPD certificates directly to each atte	<u>unique</u> email address for every person endee.
Payment (please note that registrations will not	ot be processed without payment)	
[] Credit / debit card for £	Visa [] Mastercard []	
Card number:		
Expiry date:	Security number* (3 digits on re-	verse of card):
Name of cardholder:	Signature of cardh	older:
	m, please send a separate email with your 3 di all us with this number on 020 7563 4590 - we	
Stay in touch		
The BDA will hold your personal data on its details at: bda.org/legal/privacy-policy	computer database and process it in accorda	nce with the Data Protection Act. Further
	e event, please let us know what you wish t g and want to continue, please also tick "yes")	o receive correspondence about:
National and local events	Offers and services	Approved partners and suppliers
Email: Yes I No I Post: Yes I No I I understand that I will be able to opt out from rec	Email: Yes I No I Post: Yes I No I ceiving these BDA communications at any time. Ema	Email: Yes I No I Post: Yes I No I il <u>mydetails@bda.org</u>

Guest 2

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

Guest 3

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

Guest 4

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

Guest 5

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

Guest 6

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