

BOOKING FORM

BDA Northern Ireland Young Dentist Group Study Day

Friday 11 September 2026

Grand Central Hotel, 9-15 Bedford Street, Belfast BT2 7FF

Book online



Please complete this form and email it to branchsectionevents@bda.org

If booking for more than one delegate, please provide details on page 2.

We require a unique email address for every person booked so that we can send confirmations and CPD certificates directly to each attendee.

Delegate 1 – Lead booker

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____

Practice / Organisation name (if work address provided below): _____

Address: _____

Postcode: _____ Tel: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

I would like to book for Friday 11 September 2026 (our ref: BS1316)

Price

BDA member dentist – early bird price: £75 (early-bird price available until 31 May 2026)

BDA member dentist – standard price: £95

Non-member dentist: £145

Payment (please note that registrations will not be processed without payment)

Credit / debit card for £ _____ Visa Credit/Debit Mastercard Credit/Debit

Card number: _____

Expiry date: _____ Security number* (3 digits on reverse of card): _____

Name of cardholder: _____ Signature of cardholder: _____

* For data security, please call us with your 3-digit card security number or send this number via a separate email – we cannot process your booking without it. T: 020 7563 4590 (Mon-Thurs 09:00-17:00) E: branchsectionevents@bda.org

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

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Additional delegates

Delegate 2

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Booking type (BDA member, non-member): _____

Delegate 3

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Booking type (BDA member, non-member): _____

Delegate 4

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Booking type (BDA member, non-member): _____

Delegate 5

Title: _____ First name: _____ Surname: _____

BDA Membership number (if applicable): _____ GDC number (if applicable): _____

Job title: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Booking type (BDA member, non-member): _____