

Member Series booking form

Please complete this form in BLOCK CAPITALS and post it with your payment to:
Events Department, British Dental Association, 64 Wimpole Street, London W1G 8YS.
Tel: 020 7563 4590 Email: events@bda.org

Please photocopy this form for multiple bookings.

Delegate:

Title:	First name:	Surname:
Job title:	Organisation:	
BDA membership number (if applicable):	GDC number (if applicable):	
Address:		
		Postcode:
Telephone:	Mobile:	
Email:		
Booking contact (if different from above):		
Any special requirements, including dietary, disabled facilities, etc:		

Event name:	Date:	Price:	Event code:

Payment: I enclose a cheque for £ made payable to the British Dental Association
Or Please debit my credit / debit card £ Visa MasterCard

Not applicable (Free Extra/Expert event)*

Card number:		
Start date:	Expiry date:	Security number: <small>(last three digits on the reverse of your card)</small>
Name of cardholder:		
Address of cardholder: <small>(if different from above)</small>		Postcode:
Cardholder signature:		Date:

* Extra and Expert members are eligible to attend two complimentary events from the 'Member Series' in each membership year. Any additional events will be charged at the Essential member rate.

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

Do you wish to receive correspondence about:
(If you currently receive them and want to continue, please tick 'yes')

National and local events

By email: Yes No Post: Yes No

Products and services

By email: Yes No Post: Yes No

Approved partners and suppliers

By email: Yes No Post: Yes No

I understand that I will be able to opt out from receiving these communications at any time. Email mydetails@bda.org