

**Southern Counties Branch**  
**Clinical study day 'Smile transformations - Causes, complexities and contemporary treatments' and networking drinks**  
**Friday 4 April 2025**  
**Holiday Inn London - Gatwick Airport, Povey Cross Road, Gatwick, Horley, RH6 0BA**

Return by email to: [branchsectionevents@bda.org](mailto:branchsectionevents@bda.org)

|   |             |   |
|---|-------------|---|
| 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 the Friday 4 April 2025 (our ref: BS1109)**

- BDA members: £75
- Non-members: £95
- DCPs: £50
- Students: £50
- FDs/VDPs: £50

**For multiple delegates please complete the second page of this form. 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  Visa /  Mastercard for £\_\_\_\_\_.

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 select "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 (if applicable):   |                    | GDC number (if applicable): |
| Job title:   | Email (essential): |                             |
| Any special requirements including seating, dietary, disabled facilities, etc: |                    |                             |

**Delegate 3**

|  |                    |                             |
|--|--------------------|-----------------------------|
| 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 4**

|  |                    |                             |
|--|--------------------|-----------------------------|
| 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 5**

|  |                    |                             |
|--|--------------------|-----------------------------|
| 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 6**

|  |                    |                             |
|--|--------------------|-----------------------------|
| 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: |                    |                             |