

Southern Counties Branch Clinical study day

Friday 4 April 2025

Holiday Inn London - Gatwick Airport, Povey Cross Road, Gatwick, Horley, RH6 0BA

Return by email to: 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: £90
- 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 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

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

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:		