**Northern Ireland Branch YDG**

**Prison island**

**Saturday 27 September 2025**

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**Prison Island, Unit 3, 17 Balmoral Road, Belfast, BT12 6QA**

**Return by email to:** **branchsectionevents@bda.org** **or call to book: 020 7563 4590**

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| Title: First name: Surname: |
| BDA membership number *(if applicable):* GDC number *(if applicable):*  |
| Job title: Practice / Organisation name *(if work address provided):* |
| Address: |
|  Postcode: |
| Tel:  |
| Email: *(please supply a unique email address for each individual booking)* |
| Any special requirements including seating, dietary, disabled facilities, etc: |

**I would like to register for Saturday 27 September 2025** *(our ref: BS1131):*

[ ] BDA members - £15

[ ] Dental care professionals - £30

[ ] Non-member dentists - £30

**For multiple delegates please complete the additional information on the next page.** **We require a unique email address for every person booked so that we can send confirmations directly to each attendee.**

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

**[ ] Credit card [ ] Debit card for** £\_\_\_\_\_\_\_\_.\_\_\_\_ [ ] Visa [ ] Mastercard

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 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

**Guest 2**

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| 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: |

**Guest 3**

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| 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: |

**Guest 4**

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| 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: |

**Guest 5**

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| 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: |

**Guest 6**

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| 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: |