**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 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

**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: |