

## BDA South West Young Dentist Group BDA South West Dental Conference 2025

Saturday 1 February 2025

Sandy Park Conference & Banqueting Centre, Sandy Park Way, Exeter EX2 7NN

Please complete this form and email it to [branchsectionevents@bda.org](mailto:branchsectionevents@bda.org)

If booking for more than one delegate, please provide details on page 2.

We require a **unique** email address for every person booked so that we can send confirmations and CPD certificates directly to each attendee.

### Delegate 1 – Lead booker

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

BDA Membership number (if applicable): \_\_\_\_\_ GDC number (if applicable): \_\_\_\_\_

Job title: \_\_\_\_\_

Practice / Organisation name (if work address provided below): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Any special requirements including dietary, disabled facilities etc: \_\_\_\_\_

I would like to book for Saturday 1 February 2025 (our ref: BS1054)

#### Early bird (valid until 19 January 2025)

£100 BDA member dentist [ ]  
£115 BDA non-member dentist [ ]  
£45 Dental Care Professional [ ]  
£65 Foundation Dentists (FD's), FD Trainers,  
Dental Core Trainees, Undergraduate students [ ]

#### Standard price (bookings made on/after 20 January 2025)

£130 BDA member dentist [ ]  
£145 BDA non-member dentist [ ]  
£65 Dental Care Professional [ ]  
£85 Foundation Dentists (FD's), FD Trainers,  
Dental Core Trainees, Undergraduate students [ ]

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

Credit / 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, you will need to call us with your 3-digit card security number or send this number via a separate email – we cannot process your booking without it. Call 020 7563 4590 / email [branchsectionevents@bda.org](mailto:branchsectionevents@bda.org)

#### 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 also tick "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)

BDA South West Young Dentist Group

## BDA South West Dental Conference 2025

Saturday 1 February 2025 | Sandy Park Conference & Banqueting Centre, Sandy Park Way, Exeter EX2 7NN

### Additional delegates

#### Delegate 2

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

BDA Membership number (if applicable): \_\_\_\_\_ GDC number (if applicable): \_\_\_\_\_

Job title: \_\_\_\_\_

Email: \_\_\_\_\_

Any special requirements including dietary, disabled facilities etc: \_\_\_\_\_

#### Delegate 3

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

BDA Membership number (if applicable): \_\_\_\_\_ GDC number (if applicable): \_\_\_\_\_

Job title: \_\_\_\_\_

Email: \_\_\_\_\_

Any special requirements including dietary, disabled facilities etc: \_\_\_\_\_

#### Delegate 4

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

BDA Membership number (if applicable): \_\_\_\_\_ GDC number (if applicable): \_\_\_\_\_

Job title: \_\_\_\_\_

Email: \_\_\_\_\_

Any special requirements including dietary, disabled facilities etc: \_\_\_\_\_

#### Delegate 5

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

BDA Membership number (if applicable): \_\_\_\_\_ GDC number (if applicable): \_\_\_\_\_

Job title: \_\_\_\_\_

Email: \_\_\_\_\_

Any special requirements including dietary, disabled facilities etc: \_\_\_\_\_

#### Delegate 6

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

BDA Membership number (if applicable): \_\_\_\_\_ GDC number (if applicable): \_\_\_\_\_

Job title: \_\_\_\_\_

Email: \_\_\_\_\_

Any special requirements including dietary, disabled facilities etc: \_\_\_\_\_