Northern Ireland Branch North Coast walk and dinner Saturday 7 June 2025

Portballintrae, Bushmills BT57 8WB

Return by email to: <u>branchsectionevents@bda.org</u> or call to book: 020 7563 4590

Title: First name:	Surname:	
BDA membership number (if applicable): GDC number (if applica	able):
Job title:	Practice / Organisation	n name (if work address provided):
Address:		
	Postcode:	
Tel:		
Email: (please supply a unique email add	ress for each individual booking)	
Any special requirements including se	ating, dietary, disabled facilities, etc:	
	£25 FREE Is - £40 £40 6 - £15 he additional information on the next paged confirmations directly to each attendee.	. We require a unique email address for
	C [] Visa [] Master	card
	Security number* (3 digits on rev	verse of card):
ame of cardholder: Signature of cardholder:		
	n, please send a separate email with your 3 di all us with this number on 020 7563 4590 - we	
Stay in touch		
The BDA will hold your personal data on its details at: bda.org/legal/privacy-policy	computer database and process it in accordan	nce with the Data Protection Act. Further
	e event, please let us know what you wish to and want to continue, please also tick "yes")	o receive correspondence about:
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	m receiving these BDA communications at any	y time. Email <u>mydetails@bda.org</u>

Guest 2

Title:	First name:	Surname:
BDA membership	number (if applicable):	GDC number (if applicable):
Job title:		Email (essential):
Any special requi	rements including seating, dietary,	disabled facilities, etc:

Guest 3

Title:	First name:	Surname:
BDA member	ship number (if applicable):	GDC number (if applicable):
Job title:		Email (essential):
Any special re	equirements including seating, dietar	ry, disabled facilities, etc:

Guest 4

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Guest 5

Title:	First name:	Surname:
BDA members	ship number (if applicable):	GDC number (if applicable):
Job title:		Email (essential):
Any special re	quirements including seating, dietary	/, disabled facilities, etc:

Guest 6

Title:	First name:	Surname:	
BDA members	nip number (if applicable):	GDC number (if applicable):	
Job title:		Email (essential):	
Any special rec	uirements including seating, die	tary, disabled facilities, etc:	