

Northern Ireland Branch YDG
Prison island
Saturday 27 September 2025
 Prison Island, Unit 3, 17 Balmoral Road, Belfast, BT12 6QA

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

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

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

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

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

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

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:		