## West Lancashire, West Cheshire and North Wales Branch Presidential Dinner - Saturday 2 March 2024

Crowne Plaza Hotel Chester, Trinity Street, Chester CH1 2BD

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

Guest	1 –	Lead	bo	oker
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Title: First name:		Surname:		
BDA membership number (if	applicable):	GDC number (if applic	cable):	
1.1.00				
Job title:		Practice / Organisati	on name (if work address provided):	
Address:				
		Postcode:		
Tel:		Email:		
Any special requirements inc	luding dietary, disabled	facilities, seating requests	s etc:	
I would like to register	for Saturday 2 Ma	rch 2024 (Our ref: BS09	921):	
[ ] All attendees £50 inc. \	/AT per person			
Please note there's space t	or 8 – 10 people on a	table.		
If bringing a guest, please	orovide details here (f	or multiple quests pleas	e complete additional forms or email	
branchsectionevents@bda	•		·	
		BDA/GDC no ( <i>if applicable</i> ):		
Email address*:				
, , ,			ace please include their email	
address above. If they don				
Payment (please note that regi	strations will not be processe	ed without payment)		
-		a [ ] Mastercard [	]	
Card number:				
Expiry date:	Sec	curity number* (3 digits on	reverse of card):	
Name of cardholder:		Signature of car	dholder:	
			B digit security number on the reverse of your we cannot process your booking without it.	
Stay in touch The BDA will hold your personal details at: bda.org/legal/privacy-		abase and process it in accor	dance with the Data Protection Act. Further	
IMPORTANT: To keep in conta (If you currently receive any of the			th to receive correspondence about:	
National and local events	Products ar	nd 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 op	out from receiving these BD	A communications at any time. E	Email mydetails@bda.org	

Guest 3		
Title:	First name:	Surname:
BDA Members	hip No. <i>(if applicable):</i>	GDC No. (if applicable):
Job title:		Email (essential):
Dietary require	ments, seating requests etc:	
Guest 4		
Title:	First name:	Surname:
BDA Members	hip No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary require	ments, seating requests etc:	
Guest 5		
Title:	First name:	Surname:
BDA Members	hip No. <i>(if applicable):</i>	GDC No. (if applicable):
Job title:		Email (essential):
Dietary require	ments, seating requests etc:	
Guest 6		
Title:	First name:	Surname:
BDA Members	hip No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary require	ments, seating requests etc:	
Guest 7		
Title:	First name:	Surname:
BDA Members	hip No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary require	ments, seating requests etc:	
Guest 8		
Title:	First name:	Surname:
BDA Members	hip No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary require	ments, seating requests etc:	
Guest 9		
Title:	First name:	Surname:
BDA Members	hip No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary require	ments, seating requests etc:	