

Northern Counties Branch

Burns Night

Saturday 1 February 2025

The Vermont Hotel, Castle Garth, Newcastle upon Tyne NE1 1RQ

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

Guest 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):	
Address:		
Postcode:		
Tel:	Email:	
Any special requirements including dietary, disabled facilities, seating requests etc:		

I would like to register for Saturday 1 February 2025 (Our ref: BS1084)

Standard Rate – rate available from 23 November 2024

- BDA members - £55 inc. VAT per person
 Non-members and guests - £65 inc. VAT per person
 Undergraduate students and Dental care professionals - £48 inc. VAT per person

If bringing a guest, please provide details here (for multiple guests please complete additional forms or email branchsectionevents@bda.org with the details):

Full name: _____ BDA/GDC no (if applicable): _____

Email address*: _____

Dietary / seating requirements: _____

* If you would like your guest to receive an email confirmation of their place please include their email address above. If they don't require a confirmation, please ignore this field.

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, 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

Products 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 No. <i>(if applicable)</i> :		GDC No. <i>(if applicable)</i> :
Job title:	Email <i>(essential)</i> :	
Dietary requirements, seating requests etc:		

Guest 3

Title:	First name:	Surname:
BDA Membership No. <i>(if applicable)</i> :		GDC No. <i>(if applicable)</i> :
Job title:	Email <i>(essential)</i> :	
Dietary requirements, seating requests etc:		

Guest 4

Title:	First name:	Surname:
BDA Membership No. <i>(if applicable)</i> :		GDC No. <i>(if applicable)</i> :
Job title:	Email <i>(essential)</i> :	
Dietary requirements, seating requests etc:		

Guest 5

Title:	First name:	Surname:
BDA Membership No. <i>(if applicable)</i> :		GDC No. <i>(if applicable)</i> :
Job title:	Email <i>(essential)</i> :	
Dietary requirements, seating requests etc:		

Guest 6

Title:	First name:	Surname:
BDA Membership No. <i>(if applicable)</i> :		GDC No. <i>(if applicable)</i> :
Job title:	Email <i>(essential)</i> :	
Dietary requirements, seating requests etc:		

Guest 7

Title:	First name:	Surname:
BDA Membership No. <i>(if applicable)</i> :		GDC No. <i>(if applicable)</i> :
Job title:	Email <i>(essential)</i> :	
Dietary requirements, seating requests etc:		

Guest 8

Title:	First name:	Surname:
BDA Membership No. <i>(if applicable)</i> :		GDC No. <i>(if applicable)</i> :
Job title:	Email <i>(essential)</i> :	
Dietary requirements, seating requests etc:		