

## BDA CDS Group general anaesthesia study days 2025

### General anaesthesia for adult special care dental patients and general anaesthesia for paediatric dental patients

Monday 7 April and Tuesday 8 April 2025 | Birmingham

**BOOK ONLINE:**

[bda.org/  
learning-and-development](https://bda.org/learning-and-development)

To register, please complete this form and email it to [events@bda.org](mailto:events@bda.org)

Please note that if your place will be paid by a third party (e.g. your Trust), we still need a completed booking form from each delegate. **If your Trust requires an invoice, please contact us first to request a credit application form.**

**Delegate 1** (please see page 2 for additional delegate details):

Title:	First name:	Surname:
Job title:	Organisation:	
BDA membership number (if applicable):	GDC number (if applicable):	
Address:		
Postcode:	Telephone:	
Unique email:		
Booking contact (if different from above):		
Any special requirements, inc dietary, disabled facilities etc:		

**I would like to attend** (please tick all that apply):

### Payment

#### Monday 7 April 2025 (adult GA) (event code: E577)

- BDA members: £140
- Non-members: £170
- FD/VDP, StR, student, senior member: £99
- Dental Care Professionals: £99

#### Tuesday 8 April 2025 (paediatric GA) (event code: E578)

- BDA members: £140
- Non-members: £170
- FD/VDP, StR, student, senior member: £99
- Dental Care Professionals: £99

#### Special two-day booking rate (event code: E558)

- BDA members: £240
- Non-members: £280
- FD/VDP, StR, student, senior member: £170
- Dental Care Professionals: £170

All costs include refreshments and a standing buffet lunch. This event is exempt from VAT.

#### 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](https://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

#### Offer 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)

Please note registrations will not be processed without payment.

If your Trust is paying for your place and requires an invoice, please contact us first.

We are currently unable to accept cheque payments or booking forms via post.

Please debit my debit / credit card for £ \_\_\_\_\_

*Unfortunately, we do not accept American Express*

Card number:

Expiry date:

Security number\* (3 digits on reverse of card):

Name of cardholder:

Cardholder signature:

Date:

\* For data security, if using this booking form, you will need to **call us with your 3-digit card security number or email this number in a separate email** – we cannot process your booking without it.

**T: 020 7563 4590 | [events@bda.org](mailto:events@bda.org)**

Our cancellation policy, terms and conditions are available at [bda.org/legal/terms-and-conditions/events-and-courses/](https://bda.org/legal/terms-and-conditions/events-and-courses/)

Due to unforeseen circumstances, the programme may change, and the BDA serves the right to cancel the event or alter the venue and/or speakers.

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To register more than one delegate, please complete this form, including page 1, and email to [events@bda.org](mailto:events@bda.org)

#### Delegate 2:

Title:	First name:	Surname:
Job title:	Organisation:	
BDA membership number <i>(if applicable)</i> :	GDC number <i>(if applicable)</i> :	
Address:		
Postcode:	Telephone:	
Unique email:		
Booking contact <i>(if different from above)</i> :		
Any special requirements, inc dietary, disabled facilities etc:		

#### Delegate 3:

Title:	First name:	Surname:
Job title:	Organisation:	
BDA membership number <i>(if applicable)</i> :	GDC number <i>(if applicable)</i> :	
Address:		
Postcode:	Telephone:	
Unique email:		
Booking contact <i>(if different from above)</i> :		
Any special requirements, inc dietary, disabled facilities etc:		

#### Delegate 4:

Title:	First name:	Surname:
Job title:	Organisation:	
BDA membership number <i>(if applicable)</i> :	GDC number <i>(if applicable)</i> :	
Address:		
Postcode:	Telephone:	
Unique email:		
Booking contact <i>(if different from above)</i> :		
Any special requirements, inc dietary, disabled facilities etc:		