**Central Counties Branch**

**Dental dilemmas: Clinical and regulatory perspective**

**Saturday 8 March 2025**

**Hyatt Regency Birmingham, EN, 2 Bridge St, Birmingham B1 2JZ**

**Return by email to:** [**branchsectionevents@bda.org**](mailto:branchsectionevents@bda.org)

|  |  |
| --- | --- |
| Title: First name: Surname: | |
| BDA membership number *(if applicable):* GDC number *(if applicable):* | |
| Job title: Practice / Organisation *(if work address provided)*: | |
| Address: | |
| Postcode: | Tel: |
| Email: | |
| Any special requirements including disabled facilities etc: | |

**I would like to register for the dinner only on Saturday 8 March 2025** *(our ref:* *BS1028)*

[ ] All attendees - £25

**For multiple guests 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.**

**I would like to register for the dinner and the study day on Saturday 8 March 2025** *(our ref:* *BS1029)*

[ ] BDA members: £35

[ ] Non-members: £45

[ ] Dental Care Professionals: £35

**I would like to register for the study day only on Saturday 8 March 2025** *(our ref:* *BS1030)*

[ ] BDA members: £10

[ ] Non-members: £20

[ ] Dental Care Professionals: £10

**For multiple delegates please use an additional form for each person. We require a unique email address for every person booked so that we can send confirmations and CPD certificates directly to each attendee.**

# Payment (please note that registrations will not be processed without payment)

**[ ] Credit / [ ] Debit card** [ ] Visa / [ ] Mastercard **for** £\_\_\_\_\_\_\_\_.\_\_\_\_

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](mailto: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 select “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](mailto:mydetails@bda.org)

**Guest 1**

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| --- |
| 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 2**

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| --- |
| 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: |