Northern Ireland Branch YDG Waterman House cookery class with CPD Saturday 12 April 2025

Waterman House, 5-23 Hill St, Belfast BT1 2LG

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

Title: First name:	Surname:	
BDA membership number (if applicate	ble): GDC number (if appli	cable):
Job title:	Practice / Organisat	ion name (if work address provided):
oob title.	Tractice / Organisati	ion name (ii work address provided).
Address:		
	Postcode:	
Tel:		
Email: (please supply a unique email ad	ddress for each individual booking)	
Any special requirements including s	seating, dietary, disabled facilities, etc:	
I would like to register for Satur	rday 12 April 2025 (our ref: BS1129):	
[] BDA members - £40		
[] Dental care profession		
[] Non-member dentists		
For multiple delegates please complete every person booked so that we can se	e the additional information on the next pagend confirmations directly to each attendee	ge. We require a unique email address for .
Payment (please note that registrations will	not be processed without payment)	
[] Credit card [] Debit card for	r £ [] Visa [] Mast	ercard
Card number:		
	Security number* (3 digits on r	reverse of card):
Name of cardholder:	Signature of card	lholder:
	orm, please send a separate email with your 3 r call us with this number on 020 7563 4590 - v	
Stay in touch		
The BDA will hold your personal data on i details at: bda.org/legal/privacy-policy	its computer database and process it in accord	lance with the Data Protection Act. Further
	the event, please let us know what you wishing 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 f	from receiving these BDA communications at a	ny time. Email <u>mydetails@bda.org</u>

Guest 2

Title:	First name:	Surname:
BDA membership	number (if applicable):	GDC number (if applicable):
Job title:		Email (essential):
Any special requi	rements including seating, dietary,	disabled facilities, etc:

Guest 3

Title:	First name:	Surname:
BDA member	ship number (if applicable):	GDC number (if applicable):
Job title:		Email (essential):
Any special re	equirements including seating, dietar	ry, disabled facilities, etc:

Guest 4

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Guest 5

Title:	First name:	Surname:
BDA members	ship number (if applicable):	GDC number (if applicable):
Job title:		Email (essential):
Any special re	quirements including seating, dietary	/, disabled facilities, etc:

Guest 6

Title:	First name:	Surname:	
BDA members	nip number (if applicable):	GDC number (if applicable):	
Job title:		Email (essential):	
Any special rec	uirements including seating, die	tary, disabled facilities, etc:	