Lincoln and District Section Quiz night

Thursday 5 December 2024 The Lincoln Hotel, Eastgate, Lincoln LN2 1PN

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

Guest 1 – Lead booker

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| Title: | First name: | S | urname: | |
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| BDA members | ship number (if applicable): | G | DC number (if app | licable): |
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| Job title. | | Г | ractice / Organisa | non name (ii work address provided). |
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| Tel: | | E | mail: | |
| A | - Commente Control Programme | | | |
| Any special re | equirements including dieta | ary, disabled facilition | es, seating reques | is etc: |
| I would like to | o register for Thursday \$ | 5 December 2024 (| Our ref: BS0956): | |
| r 1Bi | DA members - £24 | | | |
| į į N | on-members - £30 | | | |
| [] D ₍ | ental care professionals - | £20 | | |
| If bringing a | partner, please provide (| details here: | | |
| Full name: | | | BDA/GDC no | (if applicable): |
| Email address | o*. | | | |
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| Any special re | equirements: | | | |
| | like your guest to receive e confirmation, please igno | | f their place, pleas | e include their email address above. If they |
| Payment (plea | se note that registrations will no | t be processed without p | payment) | |
| [] Credit / | debit card for £ | Visa [] | Mastercard [| 1 |
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| | | | | n reverse of card): |
| | | | | ardholder: |
| * 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 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 receive any of the following | e event, please let us | know what you wi | ish to receive correspondence about: |
| National and le | | Products and serv | | Approved partners and suppliers |
| | Post: Yes 🗆 No 🗆 | Email: Yes No | | Email: Yes No Post: Yes No |
| | I will be able to opt out from rec | | | |
| | | | at any time. | , |

Guest 3

| Title: | First name: | Surname: |
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| BDA membersh | ip number (if applicable): | GDC number (if applicable): |
| Job title: | | |
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| Any special requirements: | | |
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Guest 4

| Title: Fi | rst name: | Surname: |
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| BDA membership n | umber (if applicable): | GDC number (if applicable): |
| Job title: | | |
| Email: | | |
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Guest 5

| Title: | First name: | Surname: | |
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| BDA memb | pership number (if applicable): | GDC number (if applicable): | |
| Job title: | | | |
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| Any specia | Il requirements: | | |

Guest 6

| Title: | First name: | Surname: | |
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| BDA membe | rship number (if applicable): | GDC number (if applicable): | |
| Job title: | | | |
| Email: | | | |
| Any special requirements: | | | |
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Guest 7

| Title: | First name: | Surname: |
|---------------------------|---------------------------|-----------------------------|
| BDA membershi | p number (if applicable): | GDC number (if applicable): |
| Job title: | | |
| Email: | | |
| Any special requirements: | | |

Guest 8

| Title: | First name: | Surname: |
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| BDA membersh | nip number (if applicable): | GDC number (if applicable): |
| Job title: | | |
| Email: | | |
| Any special req | uirements: | |

Guest 9

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Guest 10

| Title: | First name: | Surname: |
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| BDA membersh | ip number (if applicable): | GDC number (if applicable): |
| Job title: | | |
| Email: | | |
| Any special requ | uirements: | |