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

National and local events

Email: Yes

No
Post: Yes

No

Guest 1 - Lead	d booker	
Title:	First name:	Surname:
BDA membersl	nip number (if applicable):	GDC number (if applicable):
Job title:		Practice / Organisation name (if work address provided):
Address:		
		Postcode:
Tel:		Email:
Any special rec	uirements including dietary, o	disabled facilities, seating requests etc:
Early Bird Rate [] BDA men [] Non-mem [] Undergra Standard Rate [] BDA men [] Non-mem [] Undergra If bringing a g branchsection Full name: Email address* Dietary / seatin * If you would	e (10% off) - available until nbers - £49.50 inc. VAT per pabers and guests - £58.50 inc. duate students and Dental cate - rate available from 23 Nonbers - £55 inc. VAT per personates and guests - £65 inc. Vatical duate students and Dental cate of the cate o	person c. VAT per person are professionals - £43.20 inc. VAT per person covember 2024 son AT per person are professionals - £48 inc. VAT per person as here (for multiple guests please complete additional forms or email
,	e note that registrations will not be p ${f ebit}$ card for ${f \pounds}$	processed without payment) Visa [] Mastercard []
		Security number* (3 digits on reverse of card):
	ty, if booking using this form, ple	Signature of cardholder: sase send a separate email with your 3 digit security number on the reverse of your with this number on 020 7563 4590 - we cannot process your booking without it.
bda.org/legal/priva	cy-policy	database and process it in accordance with the Data Protection Act. Further details at: ease let us know what you wish to receive correspondence about: o continue, please also tick "yes")

Email: Yes \square No \square Post: Yes \square No \square Email: Yes \square No \square Post: Yes \square No \square

Approved partners and suppliers

Products and services

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 Member	ship No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary requir	rements, seating requests etc:	
Guest 3		
Title:	First name:	Surname:
BDA Member	rship No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary requir	ements, seating requests etc:	
Guest 4		
Title:	First name:	Surname:
BDA Member	ship No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary requir	ements, seating requests etc:	
Guest 5		
Title:	First name:	Surname:
BDA Member	ship No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary requir	ements, seating requests etc:	
Guest 6		
Title:	First name:	Surname:
BDA Member	ship No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary requir	rements, seating requests etc:	
Guest 7		
Title:	First name:	Surname:
BDA Member	ship No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary requir	ements, seating requests etc:	
Guest 8		
Title:	First name:	Surname:
BDA Member	ship No. (if applicable):	GDC No. (if applicable):
Job title:		Email (essential):
Dietary requir	rements, seating requests etc:	

Guest 9

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