

Friday 13 June 2025

Radisson Blu Hotel Cardiff, Bute Terrace, Cardiff CF10 2FL

Return to: branchsectionevents@bda.org

Delegate 1 (please use next page if booking for more than one person):

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 Friday 13 June 2025 (our ref: BS1103)

- BDA member: £75
- Non-member dentist: £95
- Dental care professional: £50
- Undergraduate student / FD/VT: £50

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 for £ _____ **Visa** debit/credit **Mastercard** debit/credit

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 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 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 from receiving these BDA communications at any time. Email mydetails@bda.org

South Wales Branch

Achieving clinical excellence in dentistry

Elevating the skills and knowledge of you and your dental team

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Delegate 2:

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:	Practice / Organisation <i>(if work address provided)</i> :	
Tel:	Email:	
Any special requirements including dietary / disabled facilities etc:		

Delegate 3:

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:	Practice / Organisation <i>(if work address provided)</i> :	
Tel:	Email:	
Any special requirements including dietary / disabled facilities etc:		

Delegate 4:

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:	Practice / Organisation <i>(if work address provided)</i> :	
Tel:	Email:	
Any special requirements including dietary / disabled facilities etc:		

Delegate 5:

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:	Practice / Organisation <i>(if work address provided)</i> :	
Tel:	Email:	
Any special requirements including dietary / disabled facilities etc:		

Delegate 6:

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Practice / Organisation <i>(if work address provided)</i> :
Tel:	Email:	
Any special requirements including dietary / disabled facilities etc:		

Delegate 7:

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Practice / Organisation <i>(if work address provided)</i> :
Tel:	Email:	
Any special requirements including dietary / disabled facilities etc:		

Delegate 8:

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Practice / Organisation <i>(if work address provided)</i> :
Tel:	Email:	
Any special requirements including dietary / disabled facilities etc:		

Delegate 9:

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Practice / Organisation <i>(if work address provided)</i> :
Tel:	Email:	
Any special requirements including dietary / disabled facilities etc:		

Delegate 10:

Title:	First name:	Surname:
BDA membership number <i>(if applicable)</i> :		GDC number <i>(if applicable)</i> :
Job title:		Practice / Organisation <i>(if work address provided)</i> :
Tel:	Email:	
Any special requirements including dietary / disabled facilities etc:		