## **Northern Counties Branch Shifting Sands and Branch AGM** Thursday 5 December 2024 Tyneside Cinema, 10 Pilgrim Street, Newcastle upon Tyne, NE1 6QG

Title: First name:	Surname:	
BDA membership number (if applicable	e): GDC number (if applic	cable).
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Job title:	Practice / Organisation	on (if work address provided):
Address:		
	Postcode:	
Tel:		
Email:		
Any special requirements including dis	sabled facilities etc:	
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I would like to register:		
[ ] Thursday 7 December (our	ref: BS0906)	
This meeting is free to all dental pro	ofessionals.	
For multiple delegates please use a	nn additional form for each person.	
We require a <u>unique</u> email address certificates directly to each attende	for every person booked so that we case.	an send confirmations and CPD
Stay in touch		
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Act. Further details at: bda.org/legal/p	on its computer database and process it rivacy-policy	in accordance with the Data Protection
IMPORTANT: To keep in contact aft about:	ter the event, please let us know what	you wish to receive correspondence
	owing and want to continue, please also t	ick "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 🗌
Lunderstand that Lwill be able to opt out fi	rom receiving these RDA communications at	any time. Email mydetails@hda.org