Central Counties Branch Dental dilemmas: Clinical and regulatory perspective

Saturday 8 March 2025

Hyatt Regency Birmingham, EN, 2 Bridge St, Birmingham B1 2JZ

Return by email to: <u>branchsectionevents@bda.org</u>

Title:	First name:	Surname:	
BDA members	ship number (if applicable	e): GDC numb	per (if applicable):
Job title:		Practice /	Organisation (if work address provided):
Address:			
Postcode:		Tel:	
Email:			
Any special re	quirements including di	sabled facilities etc:	
[] All attende For multiple gu	ees - £25 uests please complete	e the additional information o	arch 2025 (our ref: BS1028) on the next page. We require a <u>unique</u> email ions directly to each attendee.
I would like to BDA mem Non-memb	o register for the dir bers: £35	nner and the study day on	Saturday 8 March 2025 (our ref: BS1029)
[] BDA mem [] Non-memb	bers: £10		8 March 2025 (our ref: BS1030)
			rson. We require a <u>unique</u> email address for D certificates directly to each attendee.
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Name of cardho	older:	Signati	ure of cardholder:
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		ne event, please let us know what g and want to continue, please sel	at you wish to receive correspondence about: ect "Yes")
National and Id Email: Yes / No		Offers and services Email: Yes / No Post: Yes / N	Approved partners and suppliers o Email: Yes / No Post: Yes / No
		ceiving these BDA communications at	

Guest 1

Title:	First name:	Surname:		
BDA membershi	p number <i>(if applicable):</i>	GDC number (if applicable):		
Job title:		Email (essential):		
Any special requirements including seating, dietary, disabled facilities, etc:				
Guest 2				

Guest 2

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

Guest 3

Title:	First name:	Surname:	
BDA mem	bership number (if applicable):	GDC number (if applicable):	
Job title:		Email (essential):	
Any specia	al requirements including seating, die	etary, disabled facilities, etc:	

Guest 4

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

Guest 5

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