

BOOKING FORM

BDA CDS Group General Anaesthesia Study Days

Monday 15 January 2018 – General anaesthesia for adult special care dental patients
 Tuesday 16 January 2018 – General anaesthesia for paediatric dental patients

BDA, London

To register please complete this form and email it to events@bda.org or post to Sarah Rockliff, Events Department, British Dental Association, 64 Wimpole Street, London W1G 8YS. Tel: 020 7563 4590
 Please note that if your place is to be paid by a third party (e.g. your Trust) we still need a completed booking form for each delegate. If your Trust requires an invoice please contact us first as your Trust needs to fill in an 'Invoice request form'

Title:	
First name:	
Surname:	
Job title:	BDA membership number/GDC number:
Organisation name:	
Address:	
Postcode:	
Tel:	Fax:
Email:	
Any special requirements including dietary, disabled facilities etc:	

Please tick the appropriate box:

<p>Monday 15 January 2018 – Adult GA</p> <p><input type="checkbox"/> BDA member: £120</p> <p><input type="checkbox"/> Non-member: £135</p> <p><input type="checkbox"/> Dental Care Professional (DCP): £90</p> <p><input type="checkbox"/> FD, Student or Senior member: £90</p> <p>Two day discounted rate (*Save £30*)</p> <p><input type="checkbox"/> BDA member: £210</p> <p><input type="checkbox"/> Dental Care Professional (DCP): £150</p>	<p>Tuesday 16 January 2018 – Paediatric GA</p> <p><input type="checkbox"/> BDA member: £120</p> <p><input type="checkbox"/> Non-member: £135</p> <p><input type="checkbox"/> Dental Care Professional (DCP): £90</p> <p><input type="checkbox"/> FD, Student or Senior member: £90</p> <p><input type="checkbox"/> Non-member: £240</p> <p><input type="checkbox"/> FD, Student or Senior member: £150</p>
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I enclose a cheque for £ made payable to the British Dental Association
 Or Please debit my credit / debit card (delete as applicable) £ Visa MasterCard Switch/Maestro

Card number:			
Start date:	Expiry date:	Issue no: <small>(Switch/Maestro)</small>	Security number: <small>(last three digits on the reverse of your card)</small>
Name of cardholder:			
Address of cardholder: <small>(if different from above)</small>			Postcode:
Cardholder signature:		Date:	

All cancellations must be received in writing by email to events@bda.org at least two weeks prior to the event. No refund will be given for any cancellations received between 1 and 14 days (inclusive) prior to the event. Payment MUST be received prior to the event. It is highly recommended that payment is made by credit card or a personal cheque and, if appropriate, that you claim the amount back from your trust at a later date. Due to unforeseen circumstances, the programme may change and the BDA CDS Group has the right to cancel the event or alter the venue and/or speakers.

Data Protection Act

Do you wish to continue to receive BDA mailings? (please tick box) Yes No

Do you wish your details to be shared with approved partners and suppliers? (please tick box) Yes No

Electronic privacy

Do you wish to receive emails about BDA events? (please tick box) Yes No

Do you wish to receive emails from approved partners and suppliers (please tick box) Yes No

I understand that I will be able to opt out from receiving these communications at any time. The BDA will hold your personal data on its computer database and process it in accordance with the Data Protection Act. For details please visit: www.bda.org/legal/privacy-policy.aspx