

BOOKING FORM

BSDH Spring Conference 2017

What's new in clinical dentistry

Thursday 4 May 2017

Liverpool University Dental Hospital, Liverpool

Friday 5 May 2017

The Venue at the Liver Building, Liverpool

To register, please [complete this form](#) and email to events@bda.org or post to Merete Ficken, Events Department, British Dental Association, 64 Wimpole Street, London W1G 8YS. Tel: 020 7563 4590

Please note that if your place will be paid by a third party (e.g. your Trust), we still need a completed booking form from each delegate. If your Trust requires an invoice, please contact us first.

Please note that all confirmations/receipt of payment is sent by email.

Title:	First name:	Surname:
BSDH membership no (if applicable):	GDC no (if applicable):	
Job title:		
Organisation:		
Address:	Postcode:	
Email:	Tel:	
Any special requirements including dietary, disabled facilities etc:		

ONE DAY FEE (Thursday 4 or Friday 5 May)

Thursday [] Friday []

[] £135 per pers (BSDH member)

[] £155 per pers (Non member)

[] £70 per pers (DCP)

[] £65 per pers (Undergraduate student)

[] £65 per pers (StR Trainees / Dentist in Training)

TWO DAY FEE (Thursday 4 and Friday 5 May)

[] £210 per pers (BSDH member)

[] £260 per pers (Non member)

[] £130 per pers (DCP)

[] £120 per pers (Undergraduate student)

[] £120 per pers (StR Trainees / Dentist in Training)

Thursday 4 May 2017 - BSDH Conference Annual Dinner at the Carpathia Restaurant (at 19:00)

£40 per person (all attendees) (limited availability) Deadline to book is Wednesday 21 April

Payment

Payment MUST be received prior to the event. It is highly recommended that payment is made by personal card or cheque and, if appropriate, that you claim back the amount from your Trust at a later date.

If you are applying for the conference via your Trust, please ensure a copy of this booking form is forwarded to the BDA at the same time to ensure you have a place booked on this event. Invoices can be raised upon requests.

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.