

Events booking form

Please complete this form in BLOCK CAPITALS and post it with your payment to:
 Events Department, British Dental Association, 64 Wimpole Street, London W1G 8YS.
 Tel: 020 7563 4590 Email: events@bda.org

Please photocopy this form for multiple bookings.

Delegate:

Title:	First name:	Surname:
Job title:	Organisation:	
BDA membership number (if applicable):	GDC number (if applicable):	
Address:		
		Postcode:
Telephone:	Mobile:	
Email (Please note: we cannot send emails to "info@" type addresses):		
Booking contact (if different from above):		
Any special requirements, including dietary, disabled facilities, etc:		

Event name:	Date:	Price:	Event code:

NB Dentists: if booking multiple events, it may be cheaper to become a BDA member. Go to bda.org/join

Payment:

I enclose a cheque for £ made payable to the British Dental Association

Or Please debit my credit / debit card (delete as applicable) £ Visa MasterCard

Card number:		
Start date:	Expiry date:	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:

Stay in touch

The BDA will hold your personal data on its computer database and process it in accordance with the Data Protection Act.

For further details please visit: bda.org/privacy

(please tick box)

Yes No Do you wish to receive our mailings about events, offers and services?

Yes No Do you wish to receive mailings from approved partners and suppliers?

If you currently receive them and want to continue please tick 'yes'.

Yes No Do you wish to receive emails about events, offers and services?

Yes No Do you wish to receive emails from approved partners and suppliers?

I understand that I will be able to opt out from receiving these communications at any time. Email mydetails@bda.org