# BOOKING FORM

## BDA South West Young Dentist Group

# BDA South West Dental Conference 2027

**Saturday 13 February 2027**
Rockbeare Manor, Nr Exeter, Devon EX5 2FE

**Please complete this form and email it to branchsectionevents@bda.org**

**If booking for more than one delegate, please provide details on page 2.**

**We require a unique email address for every person booked so that we can send confirmations and CPD certificates directly to each attendee.**

## Delegate 1 – Lead booker

Title: _____ First name: _____ Surname: _____

BDA Membership number *(if applicable)*: _____ GDC number *(if applicable)*: _____

Job title: _____

Practice / Organisation name *(if work address provided below)*: _____

Address: _____

Postcode: _____ Tel: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

## I would like to book for Saturday 13 February 2027 *(our ref: BS1399)*

### Early bird **(valid until 17 January 2027)**

[ ] £100 BDA member dentist
[ ] £115 BDA non-member dentist
[ ] £45 Dental Care Professional
[ ] £65 Foundation Dentists (FD's), FD Trainers, Dental Core Trainees, Undergraduate students

### Standard price **(bookings made on/after 18 January 2027)**

[ ] £130 BDA member dentist
[ ] £145 BDA non-member dentist
[ ] £65 Dental Care Professional
[ ] £85 Foundation Dentists (FD's), FD Trainers, Dental Core Trainees, Undergraduate students

## Payment (please note that registrations will not be processed without payment)

**Credit / debit card for £**_____ Visa Credit/Debit [ ] Mastercard Credit/Debit [ ]

Card number: _____

Expiry date: _____ Security number* (3 digits on reverse of card): _____

Name of cardholder: _____ Signature of cardholder: _____

* For data security, if booking using this form, you will need to call us with your 3-digit card security number or send this number via a separate email – we cannot process your booking without it. Call 020 7563 4590 / email branchsectionevents@bda.org

**Stay in touch**

The BDA will hold your personal data on its computer database and process it in accordance with the Data Protection Act. Further details at: bda.org/legal/privacy-policy

**IMPORTANT: To keep in contact after the event, please let us know what you wish to receive correspondence about:**
(If you currently receive any of the following and want to continue, please also tick "yes")

**National and local events**
Email: Yes ☐ No ☐ Post: Yes ☐ No ☐

**Offers and services**
Email: Yes ☐ No ☐ Post: Yes ☐ No ☐

**Approved partners and suppliers**
Email: Yes ☐ No ☐ Post: Yes ☐ No ☐

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

# BOOKING FORM

BDA South West Young Dentist Group

## BDA South West Dental Conference 2027

Saturday 13 February 2027 | Rockbeare Manor, Nr Exeter, Devon EX5 2FE

## Additional delegates

### Delegate 2

Title: _____ First name: _____ Surname: _____

BDA Membership number *(if applicable):* _____ GDC number *(if applicable):* _____

Job title: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Booking type *(BDA member, DCP etc):* _____

### Delegate 3

Title: _____ First name: _____ Surname: _____

BDA Membership number *(if applicable):* _____ GDC number *(if applicable):* _____

Job title: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Booking type *(BDA member, DCP etc):* _____

### Delegate 4

Title: _____ First name: _____ Surname: _____

BDA Membership number *(if applicable):* _____ GDC number *(if applicable):* _____

Job title: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Booking type *(BDA member, DCP etc):* _____

### Delegate 5

Title: _____ First name: _____ Surname: _____

BDA Membership number *(if applicable):* _____ GDC number *(if applicable):* _____

Job title: _____

Email: _____

Any special requirements including dietary, disabled facilities etc: _____

Booking type *(BDA member, DCP etc):* _____