Northern Ireland Branch North Coast walk and dinner Saturday 7 June 2025

Portballintrae, Bushmills BT57 8WB

Return by email to: <u>branchsectionevents@bda.org</u> or call to book: 020 7563 4590

Title: First name:	Surname:	
BDA membership number (if applicable	e): GDC number (if applicable):	
Job title:	Practice / Organisation name	(if work address provided):
Address:		
	Postcode:	
Tel:		
Email: (please supply a unique email add	ress for each individual booking)	
Any special requirements including se	ating, dietary, disabled facilities, etc:	
Dental care professiona Non-member dentists - Undergraduate students For multiple delegates please complete tevery person booked so that we can sen Payment (please note that registrations will not	- £25 up to 16 years old) - FREE ls - £40 £40 s - £15 the additional information on the next page. We required to the confirmations directly to each attendee.	uire a unique email address for
	Security number* (3 digits on reverse of	card).
	piry date: Security number* (3 digits on reverse of card): me of cardholder: Signature of cardholder:	
* For data security, if booking using this forr	n, please send a separate email with your 3 digit securi all us with this number on 020 7563 4590 - we cannot p	ty number on the reverse of your
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The BDA will hold your personal data on its details at: bda.org/legal/privacy-policy	computer database and process it in accordance with t	he Data Protection Act. Further
	e event, please let us know what you wish to receive and want to continue, please also tick "yes")	correspondence about:
National and local events	Offers and services Approv	ed partners and suppliers
Email: Yes ☐ No ☐ Post: Yes ☐ No ☐	Email: Yes 🗆 No 🖂 Post: Yes 🗆 No 🗀 Email: Ye	es 🗌 No 🗎 Post: Yes 🗎 No 🗎
I understand that I will be able to opt out fro	m receiving these BDA communications at any time. Er	nail <u>mydetails@bda.org</u>

Guest 2

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

Guest 3

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

Guest 5

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

Guest 6

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