

East Lancashire and East Cheshire Branch

Full mouth reconstruction made simple and Branch AGM

Saturday 20 September 2025

Ziya Indian Restaurant, 65-67 Wilmslow Road, Manchester M14 5TB

Return to: branchsectionevents@bda.org

Delegate 1 (please use next page if booking for more than one person):

| | | |
|---|-------------|---|
| Title: | First name: | Surname: |
| BDA membership number (if applicable): | | GDC number (if applicable): |
| Job title: | | Practice / Organisation (if work address provided): |
| Address: | | |
| Postcode: | | Tel: |
| Email: | | |
| Any special requirements including disabled facilities etc: | | |

I would like to register for Saturday 20 September 2025 (our ref: BS1181)

- ☐ BDA members: £75
- ☐ Non-member dentists: £95
- ☐ Dental care professionals: £50
- ☐ Graduate FD/VT dentist: £50
- ☐ Students: £50

For multiple delegates please proceed 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.

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

Credit / debit card for £ _____ ☐ Visa ☐ Mastercard

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, please send a separate email with your 3 digit security number on the reverse of your card to branchsectionevents@bda.org or call us with this number on 020 7563 4590 - we cannot process your booking without it.

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

Offers and services

Approved partners and suppliers

Email: Yes ☐ No ☐ Post: Yes ☐ No ☐

Email: Yes ☐ No ☐ Post: Yes ☐ No ☐

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

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Delegate 2:

| | | |
|--|-------------|---|
| Title: | First name: | Surname: |
| BDA membership number <i>(if applicable)</i> : | | GDC number <i>(if applicable)</i> : |
| Job title: | | Practice / Organisation <i>(if work address provided)</i> : |
| Address: | | Postcode: |
| Tel: | | Email: |
| Any special requirements including disabled facilities etc: | | |
| <input type="checkbox"/> BDA member <input type="checkbox"/> Non-member <input type="checkbox"/> DCP <input type="checkbox"/> FD/VT dentist <input type="checkbox"/> Student | | |

Delegate 3:

| | | |
|--|-------------|---|
| Title: | First name: | Surname: |
| BDA membership number <i>(if applicable)</i> : | | GDC number <i>(if applicable)</i> : |
| Job title: | | Practice / Organisation <i>(if work address provided)</i> : |
| Address: | | Postcode: |
| Tel: | | Email: |
| Any special requirements including disabled facilities etc: | | |
| <input type="checkbox"/> BDA member <input type="checkbox"/> Non-member <input type="checkbox"/> DCP <input type="checkbox"/> FD/VT dentist <input type="checkbox"/> Student | | |

Delegate 4:

| | | |
|--|-------------|---|
| Title: | First name: | Surname: |
| BDA membership number <i>(if applicable)</i> : | | GDC number <i>(if applicable)</i> : |
| Job title: | | Practice / Organisation <i>(if work address provided)</i> : |
| Address: | | Postcode: |
| Tel: | | Email: |
| Any special requirements including disabled facilities etc: | | |
| <input type="checkbox"/> BDA member <input type="checkbox"/> Non-member <input type="checkbox"/> DCP <input type="checkbox"/> FD/VT dentist <input type="checkbox"/> Student | | |