Northern Ireland Branch Gala ball

Saturday 18 October 2025

Europa Hotel, Great Victoria Street, Belfast, BT2 7AP

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

Title: First name:	Surname:		
BDA membership number (if applic	cable): GDC number (if app	plicable):	
Job title:	Practice / Organisa	ation name (if work address provided):	
Address:			
	Postcode:		
Tel:			
Email: (please supply a unique email	l address for each individual booking)		
Any special requirements including	g seating, dietary, disabled facilities, etc:		
I would like to register for Sat	urday 18 October 2025 (our ref: BS11	132):	
• •	oundation Dentists / VDPs - £50 ndergraduate Students - £40		
	ete the additional information on the next pa send confirmations directly to each attende		
Payment (please note that registrations w	will not be processed without payment)		
[] Credit card [] Debit card	for £ [] Visa [] Mas	stercard	
Card number:			
Expiry date:	Security number* (3 digits on	reverse of card):	
Name of cardholder:	Name of cardholder: Signature of cardholder:		
	s form, please send a separate email with your or call us with this number on 020 7563 4590 -		
Stay in touch			
The BDA will hold your personal data o details at: bda.org/legal/privacy-policy	on its computer database and process it in accord	rdance with the Data Protection Act. Further	
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 🗆			
I understand that I will be able to opt ou	ut from receiving these BDA communications at	any time. Email mydetails@bda.org	

Guest 2

Title:	First name:	Surname:
BDA membersh	ip number (if applicable):	GDC number (if applicable):
Job title:		Email (essential):
Any special requirements including seating, dietary, disabled facilities, etc:		

Guest 3

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

Guest 4

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

Guest 5

Title:	First name:	Surname:	
BDA mem	bership number (if applicable):	GDC number (if applicable):	
Job title:		Email (essential):	
Any special requirements including seating, dietary, disabled facilities, etc:			

Guest 6

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