Lincolnshire Section

Summer social

Saturday 6 September 2025 Charlotte House, The Lawn, Union Road, Lincoln LN1 3BJ.

Return by email to: branchsectionevents@bda.org or Tel: 020 7563 4590

Title: First name:	Surname				
BDA membership number (if applicable):	GDC number (if applicable):				
Job title:	Practice / Organisation (if work address provided below):				
Address:					
	Postcode:				
Tel:					
Email:					
Any special requirements including dietary	disabled facilities etc:				
I would like to register for Saturday 6 S	eptember 2025 (our ref: BS1189)				
[] All delegate - £20 [] Additional guest - £15 [] Child/ren – Please indicate h	w many				
	nal form for each person. We require a <u>unique</u> email address for every person nd CPD certificates directly to each attendee.				
Payment (please note that registrations will not b	processed without payment)				
[] Credit / debit card for £	Visa [] Mastercard []				
Card number:	Security number* (3 digits on reverse of card):				
Name of cardholder:	me of cardholder: Signature of cardholder:				
	lease send a separate email with your 3 digit security number on the reverse of your s 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 co details at: bda.org/legal/privacy-policy	nputer database and process it in accordance with the Data Protection Act. Further				
IMPORTANT: To keep in contact after the e (If you currently receive any of the following ar	ent, please let us know what you wish to receive correspondence about: It want to continue, please also tick "yes")				
National and local events	fers and services Approved partners and suppliers				
	nail: Yes No Post: Yes No Email: Yes No Post: Yes No gethese BDA communications at any time. Email mydetails@bda.org				

Delegate 2

J				
Title:	First name:	Surname:		
BDA membersh	ip number (if applicable):	GDC number (if applicable):	Performer number (if applicable):	
Job title:		(if applicable): GDC number (if applicable): Performer number (if applicable): Email (essential): ncluding dietary, disabled facilities etc: (if applicable): GDC number (if applicable): Performer number (if applicable): Email (essential): ncluding dietary, disabled facilities etc: e: Surname: (if applicable): GDC number (if applicable): Performer number (if applicable): Email (essential): Email (essential): Email (essential):		
Any special requ	uirements including dietary, o	disabled facilities etc:		
Delegate 3				
Title:	First name:	Surname:		
BDA membersh	ip number (if applicable):	GDC number (if applicable):	Performer number (if applicable):	
Job title:		Email (essential):		
Any special requ	uirements including dietary, o	disabled facilities etc:		
Delegate 4				
Title:	First name:	Surname:		
BDA membersh	ip number (if applicable):	GDC number (if applicable):	Performer number (if applicable):	
Job title:		Email (essential):		
Any special requ	uirements including dietary, o	disabled facilities etc:		
Delegate 5				
Title:	First name:	Surname:		
BDA membersh	ip number (if applicable):	GDC number (if applicable):	Performer number (if applicable):	
Job title:		Email (essential):		
Any special requ	uirements including dietary, o	disabled facilities etc:		
Delegate 6				
Title:	First name:	Surname:		
BDA membersh	ip number (if applicable):	GDC number (if applicable):	Performer number (if applicable):	
Job title:		Email (essential):		
Any special requ	uirements including dietary, o	disabled facilities etc:		