

BOOKING FORM



BDA South West Young Dentist Group BDA South West Dental Conference 2026

Saturday 28 February 2026

Engineer's House, The Promenade, Clifton Down, Clifton, Bristol BS8 3NB

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 <u>unique</u> 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 app	licable):
Job title:		
Practice / Organisation name (if work add	dress provided below):	
Address:		
Postcode:	Tel:	
Email:		
	ary, disabled facilities etc:	
I would like to book for Saturda	y 28 February 2026 (our ref: BS117	71)
Early bird (valid until 31 January 2026)	Standard price (b	ookings made on/after 1 February 2026)
 [] £100 BDA member dentist [] £115 BDA non-member dentist [] £45 Dental Care Professional [] £65 Foundation Dentists (FD's), F Dental Core Trainees, Undergo 		-member dentist
Payment (please note that registrations v	will not be processed without payment)	
Credit / debit card for £ \	/isa Credit/Debit [] Mastercard Cred	dit/Debit []
Card number:		
Expiry date:	Security number* (3 dig	gits on reverse of card):
Name of cardholder:	Signature of cardholder	:
	n, you will need to call us with your 3-digit card booking without it. Call 020 7563 4590 / email	
Stay in touch The BDA will hold your personal data on its of details at: bda.org/legal/privacy-policy	computer database and process it in accorda	nce with the Data Protection Act. Further
IMPORTANT: To keep in contact after the (If you currently receive any of the following a	event, please let us know what you wish the and want to continue, please also tick "yes")	to receive correspondence about:
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 rece	eiving these BDA communications at any time. Ema	ail mydetails@bda.org



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Additional delegates

Delegate 2 Title: First name:	Surname:
	GDC number (if applicable):
Job title:	
	abled facilities etc:
Booking type (BDA member, DCP etc):	
Delegate 3 Title: First name:	Surname:
·	GDC number (if applicable):
Any special requirements including dietary, disa	abled 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, disc	abled facilities etc:
Booking type (BDA member, DCP etc):	
Delegate 5	
	Surname:
BDA Membership number (if applicable):	GDC number (if applicable):
Job title:	
Email:	
Any special requirements including dietary, disa	abled facilities etc:
Booking type (BDA member, DCP etc):	