



BDDG 45th Annual Convention EXETER 2022

5TH OCTOBER TO 9TH OCTOBER 2022

DAY DELEGATE BOOKING AND REGISTRATION FORM

Please complete and return to: **Dr Peter Armstrong-Luckhurst** (*e-mail communication preferred*)
Convention Registrar E-mail: bddgconvregistrar@bddg.org
28 Gloucester Road website: www.bddg.org
NEWTON ABBOT Tel: 07765 043933
Devon TQ12 1AZ

	BDDG / IDAA member	FAMILIES member or Significant Other
Title, first name, surname		
Speciality		Will you be attending Families Meetings? Yes No
Address		
Post / Zip Code		Telephone – Home/Mobile
e-mail address (clearly please)		
Year recovery started	19 _____ 20 _____	
Is this your first BDDG convention?	Yes _____ No _____	

For Delegates who require NO accommodation or wish to make their own arrangements for alternative accommodation. Cost includes registration (for 9-5, evening dinner and meetings extra) and daily morning coffee/afternoon tea. Please tick appropriate choice. Costs for *any other length* of convention are available from Peter A-L

Thursday 6th October <i>Day Delegate including lunch</i>	£90 per person	1 or 2
Friday 7th October <i>Day Delegate including lunch</i>	£70 per person	1 or 2
Saturday 8th October <i>Day Delegate including lunch</i>	£70 per person	1 or 2
Sunday 9th October <i>Day Delegate including lunch</i>	£42 per person	1 or 2
Saturday “Annual BDDG Dinner”	£32 per person	

Scholarship Donation £ _____ Total in £ _____

Details for bank transfer: Available on request

Methods of payment available are by:

1. PayPal (using debit or credit card) with additional 3% transaction fee – request invoice to pay on-line
2. Cheque drawn on a U.K. bank and payable to British Doctors & Dentists Group or cheque in US \$ or in Euros drawn on USA or European banks. Cheques in US \$ or in Euros drawn on USA or European banks and posted with this form can now be accepted in payment – PLEASE ADD US\$ 16 OR €11 FOR BANK CHARGES for each cheque.
3. Bank transfer of the GB pounds amount to our bank, using the account number and sort code shown above.

ANY SPECIAL REQUIREMENTS, ANY SPECIAL SHORT ATTENDANCES, ANY QUERIES AT ALL – CONTACT PETER A-L, DETAILS ABOVE.

Please tick if you require any of the following:

Vegetarian Meals Details _____
 Special Dietary Requirements Details _____

Please make Day Delegate convention bookings on this form. The completed form may be completed on screen and saved, or printed, or scanned, and e-mailed to bddgconvregistrar@bddg.org or posted to Peter A-L at the address at the top of the form.