

Please complete and return to:

BDDG 46th Annual Convention CRANAGE HALL, CHESHIRE 2023

28TH SEPTEMBER TO 2ND OCTOBER 2023

(e-mail communication preferred)

E-mail: nattreasurer@bddg.org

website: www.bddg.org Tel: 07765 043933

DAY DELEGATE BOOKING AND REGISTRATION FORM

Dr Peter Armstrong

Convention Registrar

28 Gloucester Road

Newton Abbot

		Devon TQ12	2 1AZ				
	BDDG / IDAA membe				FAMILIES member or Significant Other		
Title, first name, surname		DDDG / IDAA III	cilibei		FAMILIES member of Signmeant Other		
					Will you be attending Families Meetings? Ves	No	
Speciality Address					Will you be attending Families Meetings? Yes	No	
Address							
					,		
Post / Zip Code					Telephone - Home		
e-mail address							
(clearly please)		40				**	
Year recovery started	. 0	19 20			Interested in crèche arrangements? Yes	No	
this your first BDDG convention? Yes				No	Yes No	~ .	
					wn arrangements for alternative accommodation.		
					ily morning coffee/afternoon tea. Please tick appro e available from Peter Armstrong	priate	
Friday 29th September				£90 per person*			
Day Delegate including lunch				1 or			
Saturday 30 th September				£80 per person* 1 or			
Day Delegate including lunch				1 or			
Sunday 1st October				£80 per person* 1 or			
Day Delegate including lunch				oo per pe		1 or	
Monday 2 nd October				50 per per	rson*	1 or	
Day Delegate including lunch				eo per pe		1 or	
Saturday "BDDG 50th Anniversary Dinner"				32 per per	rson	101	
Account details for bank to Available on request		:			Total in £		
2. Cheque drawn on a USA or European l accepted in payment	or credi U.K. ba banks. C – PLEASE	t card) with addition nk and payable to B heques in US \$ or in E ADD US\$ 16 OR €11 FO	British D Euros dra R BANK C	octors & nwn on US tharges fo	on fee – request invoice to pay on-line Dentists Group or cheque in US \$ or in Euros dra A or European banks and posted with this form can now r each cheque. ccount number and sort code provided on request	w be	
ANY SPECIAL REQUIRE	MENTS, AN	IV SPECIAL SHORT ATTENDA	NCES, AN	V QUERIES A	TALL — CONTACT PETER ARMSTRONG: DETAILS ABOVE.		
Please tick if you require a	any of tl	ne following:					
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Please make Day Deleg	ate con	vention bookings	on this	s form. T	The completed form may be completed on so	reen	

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 nattreasurer@bddg.org or posted to Peter Armstrong at the address at the top of the form.