

Please complete and return to:

BDDG 47th Annual Convention DENHAM GROVE, BUCKINGHAMSHIRE 2024

(e-mail communication preferred)

E-mail: nattreasurer@bddg.org

10TH OCTOBER TO 14TH OCTOBER 2024

DAY DELEGATE BOOKING AND REGISTRATION FORM

Dr Peter Armstrong

Convention Registrar

	28 Gloucester Road Newton Abbot		website: www.bddg.org Tel: 07765 043933		
	Devon TQ12 1	AZ			
	BDDG / IDAA men	nher	FAMILIES member or Significan	nt Other	•
Title, first name, surname	DDDG / ID/M IIICII	1001	Trivitibles member of significan	it Other	•
Speciality			Will you be attending Families Meetings	s? Yes	No
Address			vim you be attending 1 ammes vicetings	, ICB	110
Post / Zip Code			Telephone – Home/Mobile		
e-mail address			Telephone Home/Home		
(clearly please)					
Year recovery started	19	20	Interested in crèche arrangements?	Yes	No
Is this your first BDDG conventi	- 12	No			
			ir own arrangements for alternative accomm		
			er extra) and daily morning coffee/afternoon	tea. Plea	se tick
	choice. Costs for any other len		vention are available from Peter Armstrong		1 4 2
Friday 11th October		£70 pei	person		1 or 2
Day Delegate including lunch Saturday 12th October	,	£70 por	person		1 or 2
Day Delegate including lunch	Ь	£/0 per	person		1 or 2
Sunday 13th October	n	£70 nei	person		1 or 2
Day Delegate including lunc	h	270 pci	person		1 or 2
Day Devegare memany mice	•				1 or 2
					1 or 2
Saturday "BDDG Gala Dinne	er"	£32 per	person		
			-		
Scholarship Donati	on £		Total in £		
_					
Details for bank transfer:					
Name of account: British I	Doctors and Dentists Group)			
			istock, Devon, PL19 0AQ U.K.		
Sort Code: 52-21-16	Account Number 2201	4772			
5011 0040.02 21 10	recount (uniber 220)	, , _			
Methods of payment availabl	le are hv·				
2 0	•	l 3% transa	ction fee – request invoice to pay on-line		
•			s & Dentists Group or cheque in US \$ or in E	uros dr	awn on
			USA or European banks and posted with this for		
	- PLEASE ADD US\$ 16 OR €11 FOR E				
3. Bank transfer of the	GB pounds amount to our ba	nk, using tl	ne account number and sort code provided or	1 reques	t.
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ANY SPECIAL REQUIRES	MENTS, ANY SPECIAL SHORT ATTENDANC	IES, ANY QUERI	IES AT ALL — CONTACT PETER ARMSTRONG: DETAILS A	BOVE.	
Please tick if you require a	ny of the following:				
Va	getarian Meals	□ D	etails		
-	ecial Dietary Requirements		etailse		
Spe	ciai Dietary Requirements	ப	<u> </u>		

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.