

BDDG 47th Annual Convention

DENHAM GROVE, BUCKINGHAMSHIRE 2024

10TH OCTOBER TO 14TH OCTOBER 2024

Please complete and return to:

Dr Peter Armstrong Convention Registrar 28 Gloucester Road Newton Abbot Devon TQ12 1AZ e-mail communication preferred E-mail: nattreasurer@bddg.org

website: www.bddg.org Tel: 07765 043933

		BDDG / IDAA me	mber	FAMILIES member or Significant Oth	er
Title, first name, surname					
Speciality				Will you be attending Families Meetings? Y	es No
Address					
Post / Zip Code				Telephone – Home/Mobile	
e-mail address				Telephone Home/Mobile	
(clearly please)					
Year recovery started		19	20	Interested in crèche arrangements? Yes	No
Is this your first BDDG conven	tion?	Yes	No		
	priate cl	noice. Costs for any o	ther length of c	wish, gala dinner and daily morning coffee/aftern convention are available from Peter Armstrong person sharing	noon tea.
2 day convention, 2 nights			£249 per p	erson if booked <u>and paid</u> before 27 th July 2024	1 or 2
Friday 11th (Morning) to Sunday 13th October (afternoon)			£324 per	person sharing	1 or
3 day convention, 2 nights			£292 per p	erson if booked <u>and paid</u> before 27 th July 2024	1 or 2
Friday 11th (Morning) to Monday 14th October (lunch)				person sharing	1 or 2
4 day convention, 3 nights				erson if booked <u>and paid</u> before 27 th July 2024	1 or 2
Thursday 10 th (Dinner) to Monday 14 th October (lunch)				person sharing	1 or 2
5 day convention, 4 nights				erson if booked <u>and paid</u> before 27 th July 2024	1 or 2
 Single Supplement – <u>per person per night</u> 			£50.00 ₁	oer night	No. of nights
Sort Code: 52-21-16 Methods of payment availab 1. PayPal (using debit 2. Cheque drawn on a USA or European accepted in payment	Doctors vistock Acco ble are by or credi U.K. ba banks. C – PLEASE	Branch, Bedford Sount Number 220 7: t card) with additionant and payable to Br heques in US \$ or in Eu ADD US\$ 16 OR £11 FOR	Equare, Tavisto 14772 al 3% transactritish Doctors & Bank Charges	Total in £ tock, Devon, PL19 0AQ U.K. tion fee – request invoice to pay on-line k Dentists Group or cheque in US \$ or in Euros of SA or European banks and posted with this form can a for each cheque. account number and sort code shown above.	
ANY SPECIAL REQUIRE	EMENTS, AN	IY SPECIAL SHORT ATTENDAN	ICES, ANY QUERIES	AT ALL — CONTACT PETER ARMSTRONG: DETAILS ABOVE.	
Please tick if you require a	any of tl	ne following:			

Please make all convention bookings on this form. Extra nights, before or after the Convention, must be booked through the Registrar to obtain our special rates. 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.

Vegetarian Meals

Special Dietary Requirements

Extra nights in Denham Grove

Details _____

Details _____

Details