



**NATIONAL DENTAL NURSING CONFERENCE 2018
BLACKPOOL HILTON, 16-17 NOVEMBER 2018**



RESERVATION FORM

Please complete and return to conference@badn.org.uk. Confirmation of your place and any subsequent information about Conference will be sent to the e-mail address you have provided. By completing and returning this form, you agree to BADN contacting you regarding Conference and accept the Conference Terms & Conditions, which are available at www.badn.org.uk/conference.

Please complete a separate form for each person attending Conference in black ink & capital letters

FULL NAME

BADN MEMBERSHIP No (if applicable)

GDC REGISTRATION No (if applicable)

EMAIL ADDRESS

DAYTIME TELEPHONE No

EMERGENCY CONTACT NAME & NUMBER

I should like to reserve: (please tick appropriate box)

	FRIDAY 16 NOVEMBER ONLY	Before 30/9/18	After 30/9/18
BADN member		£45 <input type="checkbox"/>	£55 <input type="checkbox"/>
Non member		£55 <input type="checkbox"/>	£65 <input type="checkbox"/>
BADN Student member*		£35 <input type="checkbox"/>	£45 <input type="checkbox"/>
SATURDAY 17 NOVEMBER ONLY			
BADN member		£55 <input type="checkbox"/>	£65 <input type="checkbox"/>
Non member		£65 <input type="checkbox"/>	£75 <input type="checkbox"/>
BADN Student member*		£45 <input type="checkbox"/>	£55 <input type="checkbox"/>
FRIDAY 16 AND SATURDAY 17 NOVEMBER			
BADN member		£80 <input type="checkbox"/>	£100 <input type="checkbox"/>
Non member		£100 <input type="checkbox"/>	£120 <input type="checkbox"/>
BADN Student member*		£70 <input type="checkbox"/>	£90 <input type="checkbox"/>

Dinner at 12 Restaurant (16 Nov 18) **people at £35 per person** £

NAME OF DINNER GUEST(S)

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TOTAL COST £

I wish to pay by Visa / Master / Debit Card; please charge my account.
My card number is (13 or 16 digits)

		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Signature <input type="text"/>					Expiry date <input type="text"/> / <input type="text"/>	
Name (on card) <input type="text"/>		Last 3 digits on back of card. <input type="text"/>		If applicable: Issue No. <input type="text"/> Valid from <input type="text"/>				
Security Code <input type="text"/>								

*BADN Student e-membership costs £10 pa – if you would like to join and benefit from the Student Member discounted price, please complete the Student Associate application form and return it with your Conference booking form. The Student Associate application form is available at www.badn.org.uk/sign-up

Please complete the questions below:

A: ALL ATTENDEES

1. Are you a member of any of the following professional bodies:

ADAM FGDP RCS Ed RCPS Glasgow Only BADN None

Other (please specify)

2. Is this the first time you have attended the National Dental Nursing Conference? Yes No

3. Are you attending the Conference alone? Yes No

4. Do you have any medical / dietary requirements? Yes No

5. If yes, are you: Dairy-free Gluten-free Vegan Vegetarian

Other (please specify)

6. Please give any other information you consider pertinent or of which the organisers should be aware:

B: BADN Members Only

1. Have you joined BADN since the last Conference? Yes No

2. Have you passed a post-registration qualification in the past year? Yes No

3. Have you obtained any other qualifications in the past year? Yes No

4. Are there any other achievements (professional or personal) you would like to be acknowledged? Yes No

5. If yes to 2,3 and 4 above, please give details:

C: NON Members Only

1. Were you previously a BADN member? Yes No

2. Are you a?

Student dental nurse Dental nurse Dentist Hygienist Therapist Non dental nurse practice manager

Other (Please specify)