

60TH ANNUAL CONFERENCE OF LOCAL DENTAL COMMITTEES 9 and 10 June 2011

GDPC BOOKING FORM

urname:	First name:
DC/BDA number:	Address:
	Postcode:
mail:	
pecial dietary requirements:	
CONFERENCE: Friday 10 June – Grand Connaught Rooms, Londo	
	e on Friday 10 June: YES/NO (please delete)
Please tick if you require a v	egetarian meal []
DINNER: Thursday 9	June – Hotel Russell, London
dinner tickets are recourse meal and a half bottle	quired, at £75 each (this includes pre dinner drinks, a three e of wine per person with the meal), for which a cheque to the sed, made payable to the Annual Conference of LDCs .
Names and dietary requi	rements:
Names and dietary requi	irements: Vegetarian option
,	
,	
Name Please specify requests for s	
Name Please specify requests for s representatives be distribute	Vegetarian option Seating. The Conference Chairman has requested that

PLEASE RETURN TO: DENISE KENNY, CARPEDEEM LIMITED, CHURCH COTTAGE, HENLLYS, CWMBRAN, NP44 7AU NO LATER THAN FRIDAY 8 APRIL 2011