



60th ANNUAL CONFERENCE OF LOCAL DENTAL COMMITTEES

DINNER RESERVATION FORM

Thursday 9 June 2011 – Hotel Russell, London

Name of LDC: _____

No. of tickets required: [] Remittance enclosed £ _____
(Tickets are £75 each, payable to the **Annual Conference of LDCs**)

Please give below the names of those attending the dinner and dietary requirements where applicable. **Please also indicate with an asterisk guests of the LDC**, and show any who are MPs.

Full Name and Job Title	GDC/BDA Number (if applicable)	Vegetarian Option
1		
2		
3		
4		
5		
6		

Please specify any **requests for seating**. The Conference Chairman has requested that representatives be distributed as widely as possible to avoid groupings and encourage networking:

The cost of the dinner at the Hotel Russell includes half a bottle of wine per person as well as pre-dinner drinks and a three course meal. Please note that dress is black tie.

Each delegate attending the conference/dinner will receive a confirmation letter as soon as their booking has been processed and any payment received. Printed tickets will also be sent out with the final mailing.

Please give below the contact name and details of the person responsible for completing this form:

Contact name: _____ Tel No: _____

Email: _____

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