



GRWP DIDDORBEB ARBENNIG CYMRU GYFAN – GOFAL IECHYD ANGHENION GENEUOL ARBENNIG

## APPLICATION FORM - SIG Conference 2025

### FRIDAY 3<sup>RD</sup> OCTOBER 2025

### Metropole Hotel and Spa, Temple St, Llandrindod Wells LD1 5DY

Please send completed application forms to <a href="mailto:conference@sigwales.org">conference@sigwales.org</a>			
Name:			
Address:			
Email Address:			
Mobile Number:			
Employing Health Board:		GDC:	
Payment Reference	Please use "SG25" followed by the letters of your surname e.g. if your surname is "Other" then the reference is "SG25Other"		
Delegate Prices – please tick appropriate box		Dietary Requirements	
Dentist:	£120	Vegetarian:	
Dental Core Trainee:	£100	Vegan:	
Specialty Training Registrar:	£100	Gluten Free:	
Dental Care Professional (Early bird): March-June 2025	£60	Other:	
Dental Care Professional:	£80	Please Specify Below:	
Allied Health Care Professional:	£80	_____	
		_____	
Payment Method – Online banking via BACS	1. Payee: All-Wales SIG S/C: 30-95-46 Ac/No: 00793450 2. Include your unique payment reference 3. Please email completed application form to <a href="mailto:conference@sigwales.org">conference@sigwales.org</a>		

### Registration Closes on 26th September 2025

Please note we are unable to invoice health boards

Please email [conference@sigwales.org](mailto:conference@sigwales.org) if you have any specific requirements or queries