

New Zealand Hospital Pharmacists' Association Special Interest Group Meeting 2018

Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa

Pharmacy Technicians' SIG Meeting

REGISTRATION FORM

3rd March 2018, Tauranga Yacht Club,

TAURANGA



Please complete this form, make a copy for your records, forward the original with appropriate registration fee to: The Administrator, NZHPA, PO Box 11640, Manners Street, Wellington 6142 (nzhpa@psnz.org.nz; Ph 04 802 0030 ext 2; Fax: 04 381 4786). Tax Invoice/receipt will be sent to you directly.

CONTACT DETAILS (Please print in block capitals)

Surname: _____ NZHPA Member# (if applicable): _____

First Name / Preferred Name: _____

Location / Organisation for name badge: _____

Full Postal Address: _____

Telephone: _____ Fax: _____

Email: _____

Special Requirements (e.g. dietary requirements, wheelchair access): _____

REGISTRATION FEES (\$NZ incl GST)

(Please circle the appropriate category)

Saturday 3rd March 2018

NZHPA + Technician SIG member	\$75
NZHPA member	\$85
Non NZHPA member	\$95
Registration Fee total (incl GST)	

SATURDAY EVENING DINNER

Cost **not** included in registration. Partners welcome. Please indicate number attending _____.

Registrations will not be accepted after 20th February 2018 without prior discussion with Rachel Dunn (Rachel.dunn@bopdhb.govt.nz)

Payment method

- Cheque If paying by cheque please make cheque payable to *NZ Hospital Pharmacists Association*.
- Direct Credit Bank account details 01 0505 0224181 00 – if paying by direct credit ensure your name, member number (if known) and TECHSIG are used as references and that this form is returned for processing (Fax: 04 381 4786).
- Credit Card I am paying by: Visa / MasterCard (please circle)

Card Number:

Expiry Date: _____ / _____

Name on Card: _____ Signature: _____

Privacy The information supplied on the registration form will be shared and used by the organising committee. If you **do not** wish your name to be included in the list of participants distributed to delegates and sponsors please tick the following box.

Cancellation Policy We regret that we have to make a charge for cancelled registrations. If you notify us of the cancellation of your reserved place giving six weeks or more prior notice to the event, 25% of the fee will be retained. From six to three weeks prior to the event, 50% will be retained. If between three and one week's notice is given of the cancellation for your reserved place, 75% will be retained. There is no refund for non-attendance or cancellations made less than one week (7 days) prior to the event, whereupon the full fee will remain payable. The Association reserves the right to cancel meetings and to return the registration fee. The Association cannot be responsible for any losses resulting from such cancellation, however caused.

