New Zealand Hospital Pharmacists' Association

Medicines Information and Clinical Pharmacy (SIG) Seminar

15-16 September 2018 – Christchurch Hospital

Registration Form

Please complete this form, make a copy for your records, and 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 8). Invoice/receipt will be sent to you directly.

Contact Details (Please print in block capitals)

Surname _____ **NZHPA Membership #** _____

First name / Preferred name _____

Location / Organisation for name badge _____

Full postal address _____

Telephone _____ **Fax** _____

Email _____

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

Registration Fees ($NZ incl GST) Please tick the appropriate category	**Full seminar (Sat & Sun)**	**Full seminar discounted*** (Tech/Intern/Student)
NZHPA MICP SIG member	$160	$100
NZHPA non-MICP SIG member	$180	$120
Non-NZHPA member	$225	$150
Registration Fee total (incl GST)		

*Discounted rate applies to Pharmacy Technicians, Intern Pharmacists and undergraduates of Pharmacy education

Saturday evening socal function is included in registration
Join us for drinks and canapés at one of the new exciting eateries in central Christchurch. For catering purposes please let us know expected attendance by circling **Yes/No.**

Sunday morning breakfast
Cost **is** included in registration fee. For catering purposes please let us know expected attendance by circling **Yes/No.**

Registrations will not be accepted after **3rd August 2018** without prior discussion with Annie Egan Annette.egan@nmhs.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, NZHPA member number and MICP SIG Meeting are used as references and that this form is returned for processing.
- ❒ Credit Card — I am paying by: Visa / MasterCard (please circle) For security reasons, please do not email your credit card information to us. Please send any credit card payments by post.

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 3 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.