



**New Zealand Hospital Pharmacists' Association
Compounding, Nutrition and Oncology Special Interest Group
Symposium – Marion Davis Library, Auckland Hospital
Saturday 17 September 2022**

Registration Form

Please complete this form, make a copy for your records, and forward the original with registration fee to:
The Administrator, NZHPA, PO Box 11640, Manners St, Wellington 6142 nzhpa@psnz.org.nz 04 802 0030 ext 7.
Invoice receipts will be sent to you directly.

CONTACT DETAILS (please print in block capitals)

Surname _____ NZHPA membership number _____

First name/Preferred name _____

Location /Organisation for name badge _____

Postal address _____

Telephone _____

E-mail _____

Special requirements (eg. Dietary, wheelchair access) _____

REGISTRATION FEES (NZ\$ inclusive of GST) (please circle the appropriate category)

NZHPA CNO SIG member	\$100.00
NZHPA non-CNO SIG member	\$120.00
Non NZHPA member	\$140.00
Registration Fee total	\$

After 9 September 2022 registration should be discussed with Catherine Oliver coliver@adhb.govt.nz.

Payment method

- Direct Credit Bank account details 01 0505 0224181 00 – if paying by direct credit ensure your name, NZHPA member number and CNO Symposium are used as references and that this form is returned for processing.
Date paid: _____
- Credit Card Paying by: Visa / MasterCard (please circle) For security reasons, please do not email your credit card information to us. Please send any paperwork and credit card details either via post or call with your credit card details.

Card Number:

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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: The Association retains the right to cancel meetings and return the registration fee. The Association cannot be responsible for any losses resulting from such cancellation, however caused. We regret that we have to make a charge for cancelled registrations. If you cancel before 2/9/22 then 25% of the fee will be retained. If you cancel between 2/9/22 and 17/9/22 then 50% of the fee will be retained. If you have to cancel because of COVID-19 isolation then please contact coliver@adhb.govt.nz.