



Conference Registration Form

**PHARMACY ASSISTANT NATIONAL CONFERENCE
28 - 30 October 2010**

Section A - Personal Details

Title (Mr/Mrs/Miss/Ms): _____ Given Name: _____ Surname: _____

Pharmacy Name: _____

Pharmacy Address: _____ Suburb: _____

State: _____ Postcode: _____ Email: _____

Phone: _____ Fax: _____ Mobile: _____

Special Dietary Requirements: _____

Would you like to receive Conference eBulletins via the above email address? Yes No

Section B - Registration Details

Earlybird Registration – closes 31 August

- Full Registration \$297.00
 Day Registration \$149.00 (excludes social functions)
 FRIDAY or SATURDAY

I would like to attend the FREE Pre-Conference Workshop: Mirixa Australia program - how Pharmacy Assistants engage with patients.

Standard Registration – after 31 August

- Full Registration \$345.00
 Day Registration \$195.00 (excludes social functions)
 FRIDAY or SATURDAY

Section C - Social Functions

Welcome Drinks - Thursday 28 October, 6.00pm – 7.00pm

Yes, I will be attending No, I will not be attending

Welcome Reception - Friday 29 October 5.15pm – 6.45pm

Yes, I am a full registration delegate and will be attending No, I will not be attending

I wish to purchase _____ additional tickets at \$50.00 per person

Dine Arouds – Friday 29 October, 7.00pm – 9.30pm

I wish to purchase _____ additional tickets at \$45.00 per person (excluding drinks) to:

- Santinos - Italian, 3 course set menu
 Gold Coast Sharks Fin & Chinese Restaurant - Chinese, shared banquet
 Taj Palace - Indian, shared banquet
 New Daniel's Steakhouse & Teppanyaki - Teppanyaki, shared banquet

Conference Dinner - Saturday 30 October, 7.00pm - 11.30pm

Yes, I am a full registration delegate and will be attending No, I will not be attending

I wish to purchase _____ additional tickets at \$90.00 per person

Section D - Payment Details

I enclose a cheque made payable to The Pharmacy Guild of Australian Queensland Branch

Please charge my Amex Diners MasterCard Visa (please circle)

TOTAL \$ _____

Credit Card Number: _____ Expiry: _____

Credit Card Holder: _____ Signature: _____

Cancellation Policy: All cancellations must be made in writing to The Pharmacy Guild of Australian Queensland Branch. No refunds will be issued after 29 September 2010, but substitute delegates are welcome.

Privacy Policy: The personal information obtained from this form will only be used for purposes relating to the conference. You may receive additional information regarding the conference from The Pharmacy Guild of Australia and the event sponsors. Please tick this box if you **do not** wish this to happen

NB: It is a condition of entry to the Pharmacy Assistant National Conference that you may be photographed at the event, and your image may be used on promotional material for future conferences.

Please return this form with payment to:

The Pharmacy Guild of Australian Queensland Branch, PO Box 457, Spring Hill QLD 4004 or

fax to 07 3831 9246

ONE REGISTRATION PER FORM. PLEASE PHOTOCOPY THE ORIGINAL FOR MORE THAN ONE REGISTRATION



The Pharmacy
Guild of Australia

www.pharmacyassistants.com

28 - 30 October 2010
Holiday Inn
Surfers Paradise