

New Zealand Hospital Pharmacists' Association  
Foundation Level Seminar in Oncology Pharmacy  
01/Sep/2017 – Domain Lodge  
Compounding, Nutrition and Oncology (CNO SIG) Meeting  
02/Sep/2017 – Domain Lodge



## 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](mailto:nzhpa@psnz.org.nz)); Ph 04 802 0030 ext 2; Fax: 04 381 4786). 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 (Fri & Sat)	Saturday only
NZHPA CNO SIG member	\$150	\$70
NZHPA non CNO SIG member	\$170	\$85
NZHPA member discounted*	\$120	\$60
Non NZHPA member	\$200	\$120
<b>Registration Fee total (incl GST)</b>		

\*Discounted rate applies to Pharmacy Technicians, Intern Pharmacists and undergraduates of Pharmacy education  
N.B. Those attending on Friday are encouraged to attend the full seminar, so a Friday only option is not available.

Registrations will not be accepted after 18 August 2017 without prior discussion with Laura Clunie ([LClunie@adhb.govt.nz](mailto:LClunie@adhb.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 CNO SIG Meeting 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) For security reasons, please do not email your credit card information to us. Please send any credit card payments by fax or post.

Card Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Expiry Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Saturday evening dinner**  
Cost **not** included in registration. Partners welcome. Please indicate number attending \_\_\_\_\_

**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.