

New Zealand Hospital Pharmacists' Association
Mental Health Special Interest Group (SIG)
 Foundation Level Seminar in Mental Health – Friday 26th July 2019
 Mental Health SIG Meeting – Saturday 27th and Sunday 28th July 2019
 University of Auckland : Grafton Campus



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 circle the appropriate category

	Full Seminar & Foundation Day	Full Seminar (Sat & Sun)	Foundation Day only	Seminar Saturday only	Seminar Sunday only
NZHPA Mental Health SIG member	\$230	\$150	\$90	\$110	\$70
NZHPA non Mental Health SIG member	\$250	\$170	\$90	\$120	\$80
Non NZHPA member	\$280	\$200	\$90	\$140	\$90
Undergraduate Student or Technician	\$180	\$100	\$90	\$80	\$40
Registration Fee total (incl GST)	\$	\$	\$	\$	\$

NOTE: Registrations will not be accepted after 12/07/19 without prior discussion with Meeting Organiser Carla Corbet (CarlaC@adhb.govt.nz).

SATURDAY EVENING DINNER

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

SUNDAY LUNCH Yes, I will be staying for lunch

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 MHSIG Meeting 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 paper work 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: 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 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.