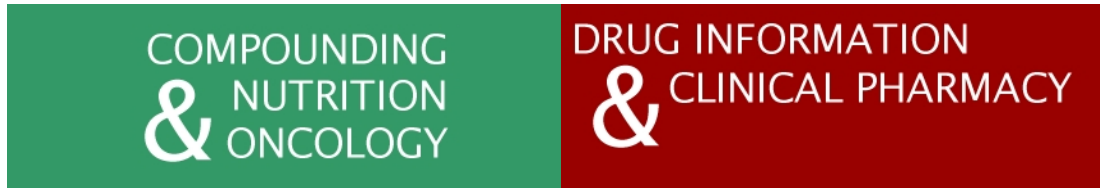




New Zealand Hospital Pharmacists' Association Special Interest Group Meeting 2010



REGISTRATION FORM 1st & 2nd May 2010 Wellington

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, Wellington (nzhpa@psnz.org.nz; Ph 04 381 8353, Fax: 04 382 9297). Invoice and receipt will be sent to you directly.

CONTACT DETAILS (Please print in block capitals)

Form fields for Surname, NZHPA Membership #, First name / Preferred name, Location / Organisation for name badge, Full postal address, Telephone, Fax, Email, and Special requirements (e.g. dietary, wheelchair access).

REGISTRATION FEES (\$NZ incl GST)

(Please circle the appropriate category)

Table with 4 columns: Registration Category, Full seminar (Sat & Sun), Saturday only (all day), and Sunday only (am only). Rows include NZHPA DICP or CNO SIG member, NZHPA non DICP or CNO SIG member, Other pharmacists, Students, Intern Pharmacists, Pharmacy technicians, and Registration Fee total (incl GST).

If registering for day registration only, please specify day of attendance _____

Registrations will not be accepted after Friday 23rd April 2010 without prior discussion with Anita Frew (anita.frew@ccdhb.org.nz or 04 385 5999 pager 6468).

Please make cheques payable to New Zealand Hospital Pharmacists' Association.

For payment by direct credit into NZHPA bank account 01-0505-0224181-000 using your membership number, name and DICP/CNO SIG as reference codes. Please also return your form to the NZHPA administrator for processing.

Box containing SATURDAY EVENING DINNER and SUNDAY MORNING BREAKFAST information, including cost and partner details.

Cost is included in registration fee. Please indicate expected attendance _____

Privacy The information supplied on the registration form will be shared and used by the organising committee. If you **do not** wish your name 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.