



**NZHPA Pharmacists in Mental Health
Special Interest Group Seminar 2010
7th – 8th August
The Spencer on Byron Hotel
9 Byron Avenue, Takapuna Beach
AUCKLAND**



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 11-640, Manners Street, Wellington 6142 (nzhp@psnz.org.nz; Ph 04 381 8353; Fax: 04 382 9297). Invoice and receipt will be sent to you directly.

Delegate Details: (Please print in block capitals)

Surname: _____ **PCNZ No. (if applicable):** _____

First name/preferred name: _____

Location/organisation for name badge: _____

Full postal address: _____

Telephone: _____ **Email:** _____

Special requirements (e.g. dietary, wheelchair access): _____

**Seminar Registration Fees (\$NZ) (incl GST)
Early Bird (EB) fees apply if registration received before Friday 25th June (ONLY for full seminar)**

Please circle the appropriate category	Full seminar EB (Sat & Sun)	Full seminar Non-EB (Sat & Sun)	Saturday only	Sunday only (half day)
NZHPA Mental Health SIG member	\$60	\$75	\$50	\$40
NZHPA non Mental Health SIG member	\$70	\$85	\$55	\$45
College of Pharmacists or PSNZ member	\$75	\$90	\$60	\$50
Student, intern pharmacist or pharmacy technician	\$60	\$75	\$45	\$35
Other pharmacists & allied health professionals	\$100	\$115	\$75	\$55
Registration Fee Total				
Friday Evening Registration – Spencer on Byron Hotel <i>Nibbles provided by venue. Partners welcome.</i>	Number attending: _____ (cost included in registration fee)			
Saturday Evening Dinner – Aubergine Restaurant <i>129 Hurstmere Rd, Takapuna. Partners welcome.</i>				
Number attending: _____ x \$40 head =				
Total Amount (incl GST) – including cost of dinner				

Please make cheques payable to *New Zealand Hospital Pharmacists' Association*. Payment can also be made by direct credit into NZHPA bank account 01-0505-0224181-000 **using your Pharmacy Council membership number (or first initial and surname if not a council member) and "MH SIG" as reference codes**. Please forward your form to the NZHPA Administrator for processing – details above.

Please note that registrations will not be accepted after Friday 23rd July without prior discussion with Kane Pettitt (kane.pettitt@waitematadhb.govt.nz or ph 09 486 8920 ext 2626).

Privacy: The information supplied on the registration form will be shared and used by the organising committee. If you **do not** want your name included in the list of conference participants distributed to the 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 three 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 Pharmacists in Mental Health SIG reserves the right to cancel meetings and to return the registration fee. The Pharmacists in Mental Health SIG cannot be responsible for any losses resulting from such cancellation, however caused.