



ConPharm '10 Registration Form

All information with regard to registration can be obtained from the conference website through www.aacp.com.au

This registration form is an abridged version only and it is your responsibility to retrieve all information and necessary forms from the conference website.

CONTACT DETAILS

Title (Mr, Mrs etc)	
First Name(s)	
Last Name	
Organisation / Pharmacy	
Address 1	
Address 2 (if required)	
Suburb/Town	
State	
Postcode	
Daytime Contact Number	
Fax	
Mobile	
Email Address	
Billing Details if different from above	

REGISTRATION OPTIONS – PLEASE CIRCLE

Delegate Registration without workshops	\$975.00
Saturday Day Registration	\$395.00
Sunday Day Registration	\$395.00
Monday Day Registration	\$270.00
Optional workshops	\$125.00
A. REGISTRATION SUB TOTAL	\$

SOCIAL FUNCTIONS

Inclusive Social Functions	Cost of ticket	Please tick if attending
Welcome Reception at The Henry Jones Art Hotel Saturday 29 May	<i>Included in full registration only</i>	
Conference Dinner at Hotel Grand Chancellor Sunday 30 May	<i>Included in full registration only</i>	
Additional Tickets & Optional Dinners	Cost of ticket	No. of additional tickets
Welcome Reception at The Henry Jones Art Hotel - Saturday 29 May	\$95.00 p/p x ____ no of extras	
Conference Dinner at The Hotel Grand Chancellor – Sunday 30 May	\$130.00 p/p x ____ no of extras	
Optional Tours Cost of ticket	Cost of Ticket	No. of additional tickets
Optional Tour – Fri, 28 May 2010 Lunch at Meadowbank Winery	\$175.00 per person Includes lunch, wine & transfers	
Pre Welcome Reception Tour – Sat. 29 May 2010 Art & History Tour of Henry Jones Hotel	\$20.00 per person (Subject to availability)	
Optional Tour – Tue. 01 June 2010 Lunch at Peppermint Bay	\$175.00 per person Includes lunch, wine & transfers	
B. SOCIAL FUNCTIONS SUB TOTAL		\$

WORKSHOPS

Workshop	Cost of ticket	Please tick if attending
MONDAY WORKSHOPS		SELECT ONE ONLY
New Drugs	<i>\$125.00 per person</i>	
Breaking down the barriers Communicating with people with mental illness	<i>\$125.00 per person</i>	
INR Self Monitoring	<i>\$125.00 per person</i>	
EMIMS Knowledge Update	<i>\$125.00 per person</i>	
RMMRs and QUM How can you make a difference in your aged care facility	<i>\$125.00 per person</i>	
Overcoming Psychological Barriers	<i>\$125.00 per person</i>	

HOTEL GRAND CHANCELLOR

Hotel Grand Chancellor	Room Rate per night	Room Type Single/ Twin	Check in Date	Check Out Date
Mountain View Single Incl breakfast for 1	\$213.00			
Mountain View Twin / Double Incl breakfast for 2	\$241.00			
Harbour View Single Incl breakfast for 1	\$248.00			
Harbour View Twin / Double Incl breakfast for 2	\$276.00			
C. ACCOMMODATION SUB TOTAL				\$

HENRY JONES ART HOTEL

Henry Jones Art Hotel	Room Rate per night	Room Type Single/ Twin	Check in Date	Check Out Date
Atrium View Single Incl breakfast for 1	\$265.00			
Atrium View Twin / Double Incl breakfast for 2	\$290.00			
C. ACCOMMODATION SUB TOTAL				\$

OLD WOOLSTORE

Old Woolstore	Room Rate per night	Room Type Single/ Twin	Check in Date	Check Out Date
1 Bedroom Apartment Single Incl breakfast for 1	\$222.00			
1 Bedroom Apartment Twin / Double Incl breakfast for 2	\$239.00			
2 Bedroom Apartment Twin / Double Incl breakfast for 2	\$299.00			
C. ACCOMMODATION SUB TOTAL				\$

****All accommodation rates are inclusive of buffet breakfast**

***** All accommodation is subject to availability**

TERMS & CONDITIONS – COMPULSORY FIELD
NOTE: IF THIS IS NOT COMPLETE THEN REIGISTRATION IS VOID

I have read and agree with the terms and conditions as outlined on the conference website located through www.aacp.com.au	YES / NO
Signature	
Date:	

PREFERRED NAME

PLEASE ENTER YOUR PREFERRED NAME AS YOU WISH IT TO APPEAR ON YOUR NAME TAG:

Title	First Name	Last Name

DIETARY/SPECIAL REQUIREMENTS

Kindly advise below any dietary/special requirements that you may have:

DIETARY REQUIREMENTS

Please enter any dietary requirements you may have (eg: vegetarian etc)

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SPECIAL REQUIREMENTS

Please enter any special requirements you may have (eg: disabled access, medical condition etc)

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PAYMENT SECTION

A. REGISTRATION SUB TOTAL	\$
B. SOCIAL FUNCTIONS SUB TOTAL	\$
C. ACCOMMODATION SUB TOTAL	\$
TOTAL AMOUNT DUE	\$

PLEASE NOTE: AN INVOICE WILL BE GENERATED AND SENT TO YOU ONCE ALL FORMS HAVE BEEN FILLED IN AND ENTERED INTO THE SYSTEM