PHARMACY SNOW BUSINESS CONFERENCE

Sunday 14th August to Thursday 18th August 2011

- Registration Form -

One delegate per Registration Form (this form can be photocopied).

Delegate Details

First name: ..... Surname: .....
Phone: ..... Mobile: .....
Fax: ..... Email: .....
Preferred method of contact: ☐ Email ☐ Post ☐ Fax
Skiing ability: ☐ Beginner ☐ Medium ☐ Advanced
How did you hear about this conference? .....
Dietary requirements: .....
Pharmacy name: .....
Pharmacy address: .....
Preferred postal address: .....

Non-Delegates

Name	Age (of children)	Skiing Ability: Beginner	Medium	Advanced
1.	.....	☐	☐	☐
2.	.....	☐	☐	☐
3.	.....	☐	☐	☐
4.	.....	☐	☐	☐

Dietary requirements: .....

Indemnity

This section must be signed by the delegate in order for the registration to be processed.

I understand and agree that any accident or injury, which may befall either me or my guests whilst on the snowfields and/or whilst participating in the Medici Capital Ski Race during the 2011 Pharmacy Snow Business Conference, is not the responsibility of Medici Capital.

SIGNED: **DATE:**

Registration *(Tick appropriate boxes)*

		Fee (inc. GST)	Total ($)
Delegate Registration			
☐ Full Registration		$995	.....
☐ Day Registration:	○ Mon ○ Tues ○ Wed ○ Thurs	$275 per day	.....
	○ Sun *(Registration Evening)*	$75	.....
Student Registration			
☐ Full Registration		$495	.....
☐ Day Registration:	○ Mon ○ Tues ○ Wed ○ Thurs	$275 per day	.....
	○ Sun *(Registration Evening)*	$75	.....
Non-Delegate Registration			
☐ Full Registration		$495	.....
☐ Day Registration:	○ Mon ○ Tues ○ Wed ○ Thurs	$125 per day	.....
	○ Sun *(Registration Evening)*	$75	.....
Children			
☐ Full Registration		$270	.....
☐ Day Registration:	○ Mon ○ Tues ○ Wed ○ Thurs	$60 per day	.....
	○ Sun *(Registration Evening)*	$30	.....

TOTAL: $

Payment Details

☐ Option 1: Enclosed is a cheque made payable to Medici Capital for $ ……
Mail to PO Box 80 KEW VIC 3101

☐ Option 2: Bill my credit card: ☐ MasterCard ☐ Visa
Number: ……/……/……/……
Expiry Date: ……/…….. CCV*:…… Amount: .....
Name of Cardholder: …… Signature: ……
Fax to Medici Capital (03) 9853 7990
** CVV number is the last three digits on the back of the card, located on the signature strip*

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