



Pharmacy Industry Dinner - Brisbane



The Pharmacy Guild of Australia

- Registration Form -
RSVP 16th November 2009

\$165 (inc GST) for Guild Members
\$220 (inc GST) for non-Guild Members

BOOKING DETAILS

	Name	Position / Company	Guild Member Number	Cost
1
2
3
4
5
6
7
8
9
10

TOTAL:	\$
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Dietary Requirements

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CONTACT DETAILS

Contact Name:

Company:

Phone:

Email:

Preferred Postal Address:

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:/..... CVV*..... 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
- Option 3:** Please send an invoice
- Tax Invoice: Please tick if you would like us to receive a tax invoice after your payment has been processed

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