NEW ZEALAND COLLEGE OF PHARMACISTS

2010 Audioconferences

Name: _____

Postal Address: _____
(full postal address for sending course materials)

PSNZ No: _____ Telephone (daytime): _____

Email Address: _____ Fax: _____

Enrolment Options and Fee:

I would like to enrol for the CD recording of the following audioconference/s:

	NZCP Member	Non-Member
Irritable Bowel Syndrome & Coeliac Disease recorded in February 2010	❑ $120	❑ $150
Fertility & Conception Health recorded in March 2010	❑ $120	❑ $150
Coughs and Colds in Children recorded in April 2010	❑ $120	❑ $150
Menopause & Hormone Replacement Therapy recorded in June 2010	❑ $120	❑ $150
Pain & Fever in Children recorded in July 2010	❑ $120	❑ $150
Alzheimer's Disease & Dementia recorded in August 2010	❑ $120	❑ $150
Migraine: Assessment and Management recorded in September 2010	❑ $120	❑ $150
Stroke recorded in October 2010	❑ $120	❑ $150
Sleep Medicine for Pharmacists recorded in November 2010	❑ $120	❑ $150
Total	**$**	**$**

Course fee is inclusive of GST and covers recording of audioconference, reading material and postage & packaging

CDs are provided in MP3 format by default (on one CD). Please tick if you would rather receive Standard Audio CD format (2 CDs) ❑

❑ I have paid by online banking/direct credit. Date paid: _____

Account details: **01-0509-0101250-00**, NZ College Of Pharmacists Inc.

(Please ensure you use your **PSNZ or Council Membership No** & "**2010AUDIO**" as reference codes)

❑ I am paying by: Visa / MasterCard (please circle)

Card Number: | | | | | | | | | | | | | | | | |

Expiry Date: _____ / _____

Name on Card: _____ Signature: _____

❑ I am paying by enclosed cheque. (If form already faxed, please state date faxed: _____)

Send Enrolments to: NZ College of Pharmacists, PO Box 11 640, Manners St, Wellington 6142
Fax: 04 381 4786 • email: nzcp@psnz.org.nz • Tel: 04 802 0030

For more information on these audioconferences and others go to: www.psnz.org.nz and select "College"