

# Speaker Registration & Agreement Form – DAY

## SECTION A – PERSONAL DETAILS

Speaker Name \_\_\_\_\_ Organisation \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Special Requirements (dietary, etc) \_\_\_\_\_

## SECTION B – PRESENTER TAPE WAIVER & AUTHORISATION

Please indicate below whether or not you wish to have your session recorded and made available to delegates through online session recordings.

- I DO agree for my session to be recorded and made available through online session recordings  
 I DO NOT agree for my session to be recorded and made available through online session recordings

**NB:** Non-completion of this section will be an indication of your approval to the above.

## SECTION C – DAY REGISTRATION

Your **complimentary Day Registration** includes morning tea, lunch, afternoon tea and entry to all conference sessions on the day of your presentation.

- Please register me for a Day Registration for the day of my presentation **\$0.00**  
 I will be attending for my session only and do not require a Day Registration **\$0.00**

## SECTION D – REGISTRATION UPGRADE

Please indicate below if you wish to upgrade your Day Registration to a Full Registration (*rates are discounted for speakers*):

- Full Registration INCLUDING COCKTAIL PARTY \$285.00 \$ \_\_\_\_\_  
 Full Registration EXCLUDING COCKTAIL PARTY \$225.00 \$ \_\_\_\_\_

Please indicate which Catered & Social Functions you will be attending by ticking the appropriate box:

- Friday Lunch  Saturday Lunch  Welcome Reception  Cocktail Party

## SECTION E – ADDITIONAL TICKETS

Please indicate if you wish to book additional tickets for partners or guests:

- Women in Pharmacy Breakfast \$50.00 \$ \_\_\_\_\_  
 Welcome Reception (extra ticket) \$85.00 \$ \_\_\_\_\_  
 Cocktail Party (extra ticket) \$165.00 \$ \_\_\_\_\_

## SECTION F – PAYMENT

Please debit my credit card for the following amount: \$ \_\_\_\_\_

Credit Card  Amex  MasterCard  Visa

Credit Card Number \_\_\_\_\_ Expiry \_\_\_\_\_

Credit Card Holder \_\_\_\_\_ Signature \_\_\_\_\_

**CLICK HERE TO PRINT & SIGN THIS FORM** 

For Pharmacy Connect 2019 Terms & Conditions, please visit: [www.pharmacyconnect.com.au/terms-conditions/](http://www.pharmacyconnect.com.au/terms-conditions/)

**PLEASE RETURN THIS FORM BY 5 JULY 2019 TO [events@qldguild.org.au](mailto:events@qldguild.org.au) OR FAX 07 3831 9246**