



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 on the online presentation recordings.

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

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

SECTION C – CPD ACCREDITATION

As outlined in the Speaker FAQs, all presenters must apply for CPD accreditation for their session. Guild pharmacists are available to assist with the application process and answer any questions, free of charge. If you wish to utilise this service, please tick this box

SECTION D – 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 E – 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 APP STREET PARTY \$445.00 \$ _____
 Full Registration EXCLUDING APP STREET PARTY \$360.00 \$ _____

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

- Thursday Lunch Friday Lunch Saturday Lunch Sunday Lunch
 Welcome Reception APP Street Party

SECTION F – ADDITIONAL TICKETS

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

- Thursday Lunch (extra ticket) \$55.00 \$ _____
 Friday Lunch (extra ticket) \$55.00 \$ _____
 Saturday Lunch (extra ticket) \$55.00 \$ _____
 Sunday Lunch (extra ticket) \$55.00 \$ _____
 Welcome Reception (extra ticket) \$85.00 \$ _____
 APP Street Party (extra ticket) \$110.00 \$ _____

SECTION G - PAYMENT

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

Credit Card Amex MasterCard Visa

Credit Card Number _____ Expiry _____

Credit Card Holder _____ Signature _____

By registering for APP2019, you agree to be bound by the terms & conditions which can be found at www.appconference.com/terms-conditions/

PLEASE RETURN THIS FORM BY 31 JANUARY 2019 TO events@qldguild.org.au OR FAX 07 3831 9246

CLICK HERE TO PRINT & SIGN THIS FORM 



The Pharmacy
Guild of Australia