

National Alliance for Pharmacy Education

Leadership in pharmacy education and advancement of the pharmacy profession

Australasian Pharmacist Prescribing Workshop Wednesday 27 October 2010

REGISTRATION FORM

Delegate Details

First name

Family name

Preferred first name for name badge

Gender Female Male

Institute

Position

Address 1

Address 2

State Postcode

Country

Telephone Fax

Email

Tick here if a vegetarian meal is required

From the list below, please tick the area(s) you are involved in

Member of the prescribing teleconference group

Involved in prescribing research

Completed/enrolled in a prescribing course

Associated with development of prescribing models at a legislative or policy level

