

Needle & Syringe Program Online Training Enrolment Form

PHARMACY NAME: _____
PHARMACY ADDRESS: _____
PHARMACY EMAIL: _____
PHARMACY PHONE: _____

STUDENT NAME	STUDENT EMAIL ADDRESS	STUDENT HOME ADDRESS

You will receive two emails. One email will contain your username and password. **You have 14 days to complete the online learning module.** You will be notified of your results. You will receive a Certificate of Completion from Guild Training and a Permit to Supply Needles and Syringes from the Department of Health and Human Services via email.

Members: \$30 per person

Non-Members: \$42 per person

Direct Debit: BSB: 087-007 Account Number: 5193 51042 – The Pharmacy Guild of Australia.

Payment Method (please circle) Visa / MasterCard / AMEX / Diners / Cheque / Money Order

Please invoice my Pharmacy Guild Member No: _____

Please make cheque / money order payable to: The Pharmacy Guild of Australia, Tasmania Branch

Card No: _____ Expiry Date: _____

Name on Card: _____

Card Holder Declaration: I approve payment to be taken from my credit card as per the amount and details shown above

Signature: _____ Date: _____

American Express will incur an additional fee of 2.75%. MasterCard and Visa will incur an additional fee of 1.0%

