

Pharmacist Contact Details

Tax Invoice

1322 Hay St West Perth 6005 PO Box 968 West Perth 6872 ABN: 56917919584 reception@wa.guild.org.au

Upon payment this form becomes a GST Tax Invoice. Please retain for your records.

Enrolment for Pharmacist Immunisation Refresher Training Workshop

This course is designed for pharmacists who are already authorised immunisers and is intended to increase pharmacist confidence to deliver immunisation services.

Please ensure that you have read the refund and cancellation policy prior to submitting this form.

Full Name:	
GuildEd Username:	
AHPRA Registration No:	
Date of Birth:	
Home Address:	
Mobile Number: Personal E-mail Address:	
Pharmacy Name:	
Date of Course:	
Payment Details* To secure your enrolment ple	ase complete the credit card payment details
Please indicate your membership status:	
Guild member (\$275 - incl. \$25 GST)	Non member - (\$385 - incl. \$35 GST)
Credit Card Type (MC & Visa only):	Expiry:
Credit Card Number:	
Name on Card:	
Signature:	
*Payment must be processed before enrolment can be confirmed	

A confirmation email will be forwarded once enrolment has been processed. This will include your

allocated workshop date and workshop pre-requisite information.