



GUILD MEMBER SERVICES PLAQUE ORDER FORM

Pharmacy Stamp/Address:

TEL:08 9429 4100
EMAIL: reception@wa.guild.org.au

Proprietor's Name: _____
Person Ordering: _____
Date: _____

ITEM	QTY	UNIT PRICE (Member)	UNIT PRICE (Non-Member)	POSTAGE		TOTAL
Please choose one of the following: Silver /Black Text Gold /Black Text White /Black Text	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No of Inserts			<i>WA Postage Prices</i>	<i>Interstate Postage Prices</i>
TYPE 1A WALL PLAQUE	<input type="checkbox"/>	2	\$118.80	\$179.25	\$12.00	\$18.00
TYPE 1B BENCH PLAQUE	<input type="checkbox"/>	2	\$142.20	\$213.25	\$12.00	\$18.00
TYPE 2 WALL PLAQUE	<input type="checkbox"/>	3	\$134.60	\$201.90	\$12.00	\$18.00
TYPE 2 BENCH PLAQUE	<input type="checkbox"/>	3	\$157.30	\$235.95	\$12.00	\$18.00
TYPE 3 WALL PLAQUE	<input type="checkbox"/>	2	\$104.35	\$156.50	\$12.00	\$18.00
TYPE 3 BENCH PLAQUE	<input type="checkbox"/>	2	\$127.50	\$190.55	\$12.00	\$18.00
TYPE 4 WALL PLAQUE	<input type="checkbox"/>	3	\$118.80	\$142.20	\$12.00	\$18.00
TYPE 4 BENCH PLAQUE	<input type="checkbox"/>	3	\$142.20	\$213.25	\$12.00	\$18.00
TYPE 5 WALL PLAQUE	<input type="checkbox"/>	2	\$113.40	\$170.15	\$12.00	\$18.00
TYPE 5 BENCH PLAQUE	<input type="checkbox"/>	2	\$137.28	\$211.20	\$12.00	\$18.00
TYPE 6 WALL PLAQUE	<input type="checkbox"/>	3	\$128.87	\$192.85	\$12.00	\$18.00
TYPE 6 BENCH PLAQUE	<input type="checkbox"/>	3	\$151.25	\$226.90	\$12.00	\$18.00
Additional Plaque Inserts/NAME SLIDES - Standard slides are 3cm x 20cm. Charges may vary for special orders. Please provide details of non standard name slides.			\$15.10	\$22.70	\$10.00	\$12.00
**Please Note: Pharmacy Guild Logo will not be applied to non member orders. **						SUB-TOTAL \$

PLEASE NOTE: Delivery will be at least 15 working days

PLEASE PROVIDE DETAILS FOR PLAQUE INSERTS (INCLUDE NAME & ALL ABBREVIATED QUALIFICATIONS)	
1. _____	2. _____
3. _____	4. _____

Please charge my **MASTERCARD/VISA/BANKCARD** NAME ON CARD _____

 Exp /

WA GUILD MEMBERS ONLY - PLEASE INVOICE MY ACCOUNT (WA GUILD MEMBERS ONLY)

OFFICE USE ONLY: Membership Status/ACC Code _____
 Invoice No: _____ Batch No: _____ Posted: _____ Processed: _____

TYPE 1A

(400mm x 250mm)



PHARMACIST ON DUTY

MANAGER

PHARMACY NAME

PHARMACY ADDRESS

SUBURB

Proprietor

PROPRIETOR NAME

OPENING TIMES

MON - FRI 8.30am - 7.00pm

THURS 8.30am – 7.30pm

SAT 8.30am – 6.00pm

SUN 9.00am – 1.00pm

TYPE 1B

(400mm x 250mm)



PHARMACIST ON DUTY

PROPRIETOR

PHARMACY NAME

PHARMACY ADDRESS

SUBURB

Proprietor

PROPRIETOR NAME

OPENING TIMES

MON - FRI 8.30am - 7.00pm

THURS 8.30am – 7.30pm

SAT 8.30am – 6.00pm

SUN 9.00am – 1.00pm

TYPE 2

(400mm x 250mm)



PHARMACIST ON DUTY

PHARMACIST IN CHARGE

DISPENSARY ASSISTANT

PHARMACY NAME

PHARMACY ADDRESS

Proprietor

PROPRIETOR NAME

OPENING TIMES

8.00AM – 8.00PM 7 DAYS PER WEEK

TYPE 3 AND TYPE 4

(360mm x 250mm)



PHARMACIST ON DUTY

PHARMACIST IN CHARGE

DISPENSARY ASSISTANT

PHARMACY NAME

TYPE 5 AND TYPE 6

(320mm x 250mm)



PHARMACIST ON DUTY

MANAGER

PHARMACY NAME

PROPRIETOR