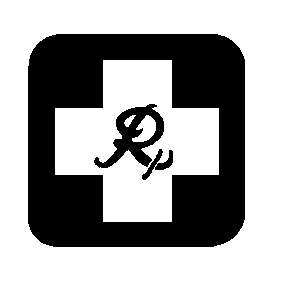
**PHARMACY PLAQUES AND NAME SLIDES ORDER FORM Prices Effective 1 January 2022** + Postage minimum charge $10.00 (GST Inclusive)

**Please 🗹 tick preferred options and ✍ handwrite on this form any changes you require**

**Details or features can be changed to suit your pharmacy but there may be a slight variance in the price**



PHARMACIST PROPRIETOR

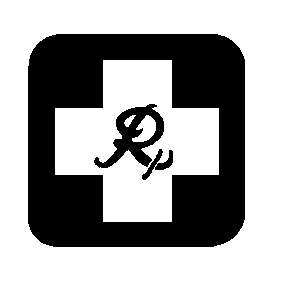
# JOE BLOGG – B.Pharm

PHARMACIST IN CHARGE

## **JOHN SMITH B.Pharm**

PHARMACIST ON DUTY

## PETER JONES Ph.C.A.U.A



PHARMACIST PROPRIETOR

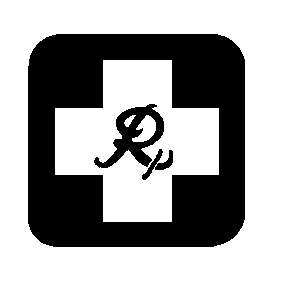
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# JOE BLOGG – B.Pharm

# \_\_\_\_PHARMACIST IN CHARGE\_\_\_

# **\_\_\_\_JOHN SMITH B.Pharm\_\_\_\_\_\_**

PHARMACIST ON DUTY

## **PETER JONES B.Pharm**

1. **(2) (3)**

**Standard** Plaque Dimensions: 300mm x 210mm Plaque Standard Colours: Gold plaque with Black writing – Guild logo in blue

**PRICES QUOTED ARE FOR GUILD MEMBERS ONLY AND ARE INCLUSIVE OF GST**

Wall Plaque **$95.00** Benchtop Stand **$100.00** Name Slides **$30.00 each**

Extra name channel (option 1) **$10.00**

**NAME SLIDES** (PLEASE PRINT CLEARLY IN BLOCK LETTERS)

1. ...........................................................................................................................................

2. ...........................................................................................................................................

3. ...........................................................................................................................................

4. ...........................................................................................................................................

5. ...........................................................................................................................................

6. ...........................................................................................................................................

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| --- | --- | --- | --- |
| **Pharmacy Name:** |  | | |
| **Contact Person:** |  | **Telephone:** |  |
| **Postal Address** |  | | |
| **Email for Invoice** |  | | |

Please fill out this form email to the Pharmacy Guild (SA Branch)

**Email: guildsa@sa.guild.org.au** **Fax: (08) 8333 1729**