

# CSU Pharmacy Foundation

## RSVP

Name \_\_\_\_\_ Guest \_\_\_\_\_  
(please print names as you would like them to appear on your placecards)

Company Name (if applicable) \_\_\_\_\_

Contact details: Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please note any dietary requirements \_\_\_\_\_

It is with pleasure I/we accept the following invitations:

Yes I will be attending	Function	Number of guests attending	Total Cost
<input type="checkbox"/>	<b>Friday</b> \$45/head A leisurely round of golf	_____	\$ _____
<input type="checkbox"/>	<b>Friday Evening</b> \$25/head Drinks and Canapés	_____	\$ _____
<input type="checkbox"/>	<b>Saturday</b> \$10/head Tours of CSU's Winery and Cheese Factory, Pharmacy School and Laboratories.	_____	\$ _____
<input type="checkbox"/>	<b>Saturday Evening</b> \$100/head CSU Pharmacy Foundation Dinner	_____	\$ _____
	<b>Sunday</b> Alumni Breakfast If interested please contact Belinda Boshier on: (02) 6338 4680		
	<b>Sunday</b> CPD Lectures Please contact Ian Reed for further information and registration on: (02) 6365 7671		
	<b>Sunday</b> City v Country Cricket If interested please contact Greg Hodgson on: (02) 9489 3771		
	I would be interested in using the bus service from my accommodation at _____ to and from the dinner on Saturday evening.		
<b>Total Cost</b>			\$ _____

**Payment method:**

Cheques should be made payable to 'Charles Sturt University'

If paying by credit card please complete the following:

Cash       Cheque       American Express       Mastercard       Visa

Card Number:

Expiry date:       Signature: \_\_\_\_\_

Name on card: \_\_\_\_\_

**RSVP: 26<sup>th</sup> October 2009**

To: Mrs Belinda Boshier - by Fax: (02) 6338 4833 – Email: [bboshier@csu.edu.au](mailto:bboshier@csu.edu.au)

Or mail to:

Belinda Boshier, Charles Sturt Foundation, Phillips Building, Charles Sturt University

Panorama Avenue, Bathurst NSW 2795

Telephone: (02) 6338 4680