



National Australian Pharmacy Students' Association

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Johnson & Johnson Pacific



Johnson & Johnson OTC Student Registration Form

NAPSA in conjunction with Johnson & Johnson is proud to offer you a student focused training course in OTC pharmacy products. This registration form must be received by THREE weeks prior to the course date.

Applications received after this date will not be registered.

SURNAME: FIRST NAME:

BRANCH:

STUDENT NUMBER: YEAR LEVEL:

PHONE NUMBER:

EMAIL ADDRESS:

Note: Your email address is required to contact you regarding successful application and potential changes, so please write clearly.

TRAINING DATE:

The session will run from approximately _____ to _____ on the designated date at:

The topics to be covered are -

Upper Respiratory Tract / Allergy
Nicotine Replacement Therapy / Gastrointestinal / Oral Health

I understand that there are limited spots in the OTC training sessions, and upon signing up I agree to attend the above dated session at the time allocated. In the event that I cannot attend I will contact my local Branch Representative prior to the training.

SIGNATURE: DATE: