



## COUNTRY PRACTICE RETREAT

24<sup>th</sup> & 25<sup>th</sup> February, 2018 – Glenelg Pier Hotel, Glenelg

### REGISTRATION FOR RURAL DOCTORS

Full Name:

Rural Practice:

Address:

Best Email

Contact:

Mobile Phone:

Number of Years in Rural  
practice:

Total years practising  
medicine:

Fellow of College:            Yes     No     Name of College:

### ACCOMMODATION & DIETARY REQUIREMENTS

My family will be joining me:    Yes     No

I will require accommodation:    Yes     No     (If YES, our Program Officer will contact you to arrange)

I/we will arrive:                      Friday evening     Saturday morning

Dietary requirements:

### OTHER DETAILS

I have a copy of the Program:    Yes     No     (If NO, we will send you one via email)

I heard about this Retreat via    Doctors' Health Network Update   
Rural Doctors Workforce Agency eNews   
Country SA PHN eNews   
Other (please detail) \_\_\_\_\_

Send this completed Form either via email to Program Officer, Kiara Cannizzaro –  
[kiara.cannizzaro@doctorshealthsa.com.au](mailto:kiara.cannizzaro@doctorshealthsa.com.au) or to DHSA fax number 08 82324116.

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