RURAL DOCTORS’ RETREAT 2024

**Sat 17 & Sun 18 February 2024 – Stamford Grand, Moseley Square, Glenelg**

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| **REGISTRATION FOR RURAL DOCTORS** |
| **Full Name:** |  |
| **Rural Practice:** |  |
| **Address:** |  |
| Best Email Contact: |  |
| Mobile Phone: |  |
| **Gender:** Female 🞏 Male 🞏  | Prefer not to say 🞏 |
| **Number of Years in Rural practice:** | **Total years practising medicine:** |
| **Fellow of College:** | Yes ❑ No ❑ RACGP ❑ ACRRM ❑ Other ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **ACCOMMODATION (*cost of Friday & Saturday nights are covered by DHSA*) & DIETARY REQUIREMENTS** |
| My family will be joining me: | Yes ❑ No ❑  |
| I will require accommodation: | Yes ❑ No ❑ If Yes – Single Room ❑ Queen ❑ Family ❑ No. of children: \_\_\_\_\_\_\_ Ages of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Staying:** Friday night ❑ *and/only* Saturday Night ❑  |
| Dietary requirements: |  |
| I heard about this Retreat via: | Doctors’ Health SA Email/Website ❑ Rural Doctors Workforce Agency eNews ❑ Doctors’ Health SA Facebook page Other (please detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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*Send this completed Form either via email (print, complete, scan/or take photo & send) to Program Manager, Daniela Ciccarello* – events@doctorshealthsa.com.au or *to DHSA fax number 08 82324116.*