



COUNTRY PRACTICE RETREAT 2021

26th & 27th June – Stamford Grand, Moseley Square, 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 RACGP ACRRM Other _____

ACCOMMODATION & 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) _____

Send this completed Form either via email (print, complete, scan/or take photo & send) to Program Manager,
Kiara Cannizzaro – kiara.cannizzaro@doctorshealthsa.com.au or to DHSA fax number 08
82324116.

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