



## COUNTRY PRACTICE RETREAT 2019

18<sup>th</sup> & 19<sup>th</sup> May 2019 – 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: \_\_\_\_\_

I/we will arrive: Friday evening ☐ Saturday morning ☐

Dietary requirements:

I heard about this Retreat via:  
Doctors' Health Network Update ☐  
Rural Doctors Workforce Agency eNews ☐  
Country SA PHN eNews ☐  
Doctors' Health 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](mailto:kiara.cannizzaro@doctorshealthsa.com.au) or to DHSA fax number 08 82324116.