Doctors' Health SA
PROFESSIONAL • CONFIDENTIAL

RURAL DOCTORS' RETREAT 2021

13th and 14th November – 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 (*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) _____

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.

This activity is supported by funding from Rural Doctors Workforce Agency

RDWA THE HEART OF country SOUTH AUSTRALIA