

Continuing Medical Education Program

404 – 299 Victoria Street Prince George, BC, V2L 5B8 Fax: 250-645-6336

physician.education@northernhealth.ca

2019-2020 Thursday Evening Rounds Bookings

Bookings:

- Please email physician.education@northernhealth.ca for date availability.
- Bookings are on a first-come-first-serve basis.
- Bookings are considered provisional until return of the completed booking form.
- Bookings need to be reconfirmed no later than 4 weeks prior to event with finalized details as to venue and intended audience.
- If bookings are not reconfirmed 4 weeks prior to event, CME reserves the right to cancel booking and offer the date to the waitlist.

Cancellation:

Please notify physician.education@northernhealth.ca as soon as possible if your event is unable to go ahead.

Advertising:

- Immediately: event is added to physician education event calendar
- Three weeks prior to the event: poster is put up on the bulletin board outside the physician lounge at UHNBC and in the physician mailroom on the bulletin boards
- One week prior to event: email reminder sent to target audience
- **Week of event:** If requested by booking representative, an email reminder may be sent to targeted audience to increase RSVPs.

Additional Information:

- Generally between 10-20 attendees
- The sponsoring company is responsible for all arrangements, including venue, audiovisual and catering requirements.
- Usually held at a local restaurant with cocktails at 6:30 pm and presentation starting at 7:00 pm. A list of preferred restaurants is available upon request.



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Date:____

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2019/2020 Thursday Evening Rounds Booking Form						
Company:						
Mailing Address:						
City:				Prov:	Postal Code:	
Booking Representativ	re(s):					
Telephone:	Cell:					
Email:		1				
Speaker Name:						
Family Practice	Specialist:			Other:		
Presentation Title:						
Learning Objectives:						
Preferred Date:	Location:					
Evening Format:	Cocktails 6:30 pm and Presentation 7:00 pm Format if different than above:					
Advertising	Will provide notices for distribution Please use the standard UHNBC notices No advertising required					
(please check all that apply):	Please provide notice	ces to the fol	lowing	departments	S:	
	Family Practice Physicians					
	Nurse Practitioners Nurses Pharmacists					
	Specialists (please specify):					
*Rookings are	Other: considered provisio	nal until rot	urn of	the complet	ted booking form	
_	ist be reconfirmed n			•		

Please return completed form to physician.education@northernhealth.ca or fax to 250-645-6336

cancellation

Signature:_