

### **Physician Education Department**

404 – 299 Victoria Street Prince George, BC, V2L 5B8

Fax: 250-645-6336

physician.education@northernhealth.ca

# 2017-2018 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, Physician Education reserves the right to cancel booking and offer the date to the waitlist.

#### **Cancellation:**

• Please notify <a href="mailto:physician.education@northernhealth.ca">physician.education@northernhealth.ca</a> 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
- Two weeks prior to the event: paper advertising in each mailbox in the physician mailroom
- One week prior to event: email reminder sent to target audience
- Week of event: If requested by booking representative, an email remainder may be sent to targeted audience to increase RSVPs (dependent on number of other emails being sent to physicians).

#### 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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2017/2018 Thursday Evening Rounds Booking Form						
Company:						
Mailing Address:						
City:				Prov:	Postal Code:	
Booking Representative	(s):					
Telephone:			Cell:			
Email:						
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 differer	nt than above	<b>e</b> :			
Advertising	Will provide notices for distribution					
	Please use the standard UHNBC notices					
	No advertising re	equired				
(please check all that apply):	Please provide notices to the following departments:					
	Family Practice Physicians					
	Nurse Practitioners					
	Nurses Pharmacists					
	Specialists (please specify):					
	Other:					
*Bookings are considered provisional until return of the completed booking form  **Bookings must be reconfirmed no later than one month prior to event to avoid						
cancellation						
Signature:	Date:					