

TEACHING AND MENTORING

PRACTICAL SKILLS FOR JUNIOR DOCTORS

ATTENDEE DETAILS

Name: Dr / Mr / Ms / Mrs / Miss _____

AMA Queensland Member Non-member

Registration category: Student Intern Doctor in Training (yr 2-5) Senior Doctor

Practice/Hospital/Company name: _____

Phone: _____ Mobile: _____

Email: _____

Address: _____

Dietary requirements: _____ Attendance: in-person via webinar

ADDITIONAL ATTENDEE

Name: Dr / Mr / Ms / Mrs / Miss _____

Name: Dr / Mr / Ms / Mrs / Miss _____

AMA Queensland Member Non-member

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Registration category: Student Intern
 Doctor in Training (yr 2-5) Senior Doctor

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Email: _____

Dietary requirements: _____

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Attendance: in-person via webinar

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SUBMIT REGISTRATION FORM

Email: registrations@amaq.com.au

Fax: (07) 3856 4727

Phone: (07) 3872 2222

Post: AMA Queensland,
PO Box 123, Red Hill, QLD

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