ORIENTATION DAY FOR NEW RESIDENTS

| Date: | | onday 29 June 2020 | |
|---|--|---|--|
| Time: Locati | | 30 am - 4:30 pm | Suppor Medical Building 5850 College Street |
| Location: Lecture Theatre A, Tupper Link, Sir Charles Tupper Medical Building, 5850 College Street | | | |
| | | | |
| PGY1 Resident: | | | |
| | | Last Name | First Name |
| TBA. | | dvise if you will be attending and mark (x) | a videoconference from various sites. Rooms at which site. This information is required to |
|] | Halifax (| in person) | Charlottetown - QEH |
| Cape Breton | | | Fredericton |
| North Nova | | | Moncton |
| | Valley R | • | Saint John |
| | | h Regional | |
| Food allergies or dietary requirements: | | | |
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| INVITATION FOR YOUR SPOUSE OR PARTNER ON ORIENTATION DAY | | | |
| Date: Monday 29 June 2020 Time: 12:30 pm - 1:15 pm Location: Room C206 (Dean's Council Room), CRC Building, 5849 University Avenue, Halifax Please join members of our confidential resident counseling program for lunch. This program has been | | | |
| specially set up for partners of our new residents. Issues such as what residency programs are all about, appropriate working conditions, where to go for help, etc. will be covered. | | | |
| | Not Applicable - I do not have a spouse or partner | | |
| | No my spouse or partner will not attend this session | | |
| | Yes my spouse or partner will attend (Halifax in person or via videoconference as above) | | |
| | Spouse or Partner's Name (Print) | | |
| | | Last Na | me First Name |
| Food allergies or dietary requirements: | | | |
| | | | |
| | | | |
| I will be bringing my child/children N/A Yes No Number | | | |

- For catering purposes, we need to know if you are bringing your children
- Should an emergency arise, please let us know 1 week prior to this event if you cannot attend

THIS FORM MUST BE RETURNED BY 31 MARCH 2020 TO THE POSTGRADUATE MEDICAL EDUCATION OFFICE