



U of C Resident Physician Wellbeing Event

Post Event Summary Form

DEMOGRAPHICS

Program: _____

Date: _____

Event Date: _____

Event name: _____

Event organizer

Name: _____

Mailing address: _____

Phone number: _____

Email: _____

Number of attendees (resident physician & other): _____

Total cost of event: _____

Total funded by PARA: _____

EVENT SUMMARY DETAILS

Summary of event:

What went well:

What could be improved upon:

Please list the names and any contact information for speakers, organizations or businesses that might be interested in helping other programs organize similar events

Signature

Date