

## U of C Resident Physician Well being Event

## **Application Form**

DEMOGRAPHICS				
Program:		Application Date:		
Event Name:		Event date:		
Event organizer:				
Organizer email:				
Number of resident s in	program:	``Number of resident	s to attend:	
Number of non-resident physician attendees expected to attend: (family members, spouses/partners)				
Total number of attendees expected to attend event:				
Will staff/faculty be included?	Yes	No		

## **EVENT DETAILS** Event Description: Well being Goals: How does the event, as outlined above, lead to the achievement of your well being goals?

## **BUDGET DETAILS**

Total money requested:				
Please attach a budget to this application or outline below				
Signat	tures			
-	Program Director Name	Program Director Signature		
-	 Event Planner Name	Event Planner Signature		