



GENERAL PRACTICE CONFERENCE & EXHIBITION

EXPRESSION OF INTEREST FORM

Please find below session details for our sponsored session/s.
Our intent is to be involved in the Melbourne GPCE conference program

**PLEASE COMPLETE THIS FORM FOR EACH INDIVIDUAL ACTIVITY
BEING PUT FORWARD FOR CONSIDERATION**

Contact Information:

Title:

Name:

Surname:

Role:

Organisation:

Email:

Phone: ()

Mobile:

Please select the therapeutic area the proposed topic covers:

Aged Care

Diabetes

Men's Health

Cardiovascular

Disability

Musculoskeletal Medicine

Children & Young People's Health

Eye & Ear Medicine

Practice Management

Chronic Conditions

Lifestyle: Nutrition & Exercise

Respiratory

Dermatology

Mental Health

Woman's Health

Other: _____

Sub Category: _____

Proposed Session Title:

Suggested Session Synopsis / Overview (50 words):

Session Learning Objectives / Outcomes:

Notes / Comments:

**Content Involvement incurs a sponsorship fee. For more information, please contact
conference@reedmedicaleducation.com.au**