



PARA Resident Physician-Initiated Well-being Event – Rural

Office Use Only:

Funding Approved: Yes: No:

Maximum Funds to be Sponsored: \$ _____

Comments: _____

Post-Event Summary (to be filled in after the event):

Total Number of Attendees: _____ Percentage of Resident Physician Attendees: _____%

Total Cost of the Event: \$ _____ Amount Requested for Reimbursement: \$ _____

I have provided receipts: Yes No

Summary of Event: Brief Description (No More Than 150 Characters)

Did this event meet the proposed event goals? Yes No

Confirmation that PARA's support for the event was recognized? Yes No

How was this recognition achieved? **Brief Description (No More Than 150 Characters)**

Additional Comments: Brief Description (No More Than 150 Characters)

Event Successes? Brief Description (No More Than 150 Characters)

Areas for Improvements for Future Events? Brief Description (No More Than 150 Characters)

Signature _____

Date _____