

WHO ARE WE?

Australian Doctors in Recovery (ADR) is a fellowship of health professionals (doctors, dentists and vets) in Australia and New Zealand who are in recovery from addiction to alcohol and other drugs.

Every March we hold a conference for recovering doctors in Australia and New Zealand. We also warmly welcome our friends from USA, Canada, Hong Kong and UK who attend our conference on a regular basis.



DIETARY REQUIREMENTS

Please note here if applicable



DIRECT DEPOSIT DETAILS

Account name: Australian Doctors in Recovery
BSB: 063 143 Acc: 10234576

Reference: Please quote your last name and ADR27
e.g. Smith ADR27

AUSTRALIAN DOCTORS IN RECOVERY

27TH ANNUAL MEETING

FRIDAY 15 – SUNDAY 17
MARCH 2024
COOGEE

COOGEE BAY HOTEL CONFERENCE ROOMS, COOGEE

WWW.IDAA.ORG/SITES/ADR

PROGRAM

Friday 15 March: Open Meeting

9AM – 5PM **Addiction Medicine Academic Day**
(includes lunch, morning and afternoon tea breaks). Speakers TBA

Saturday 16 March: Closed Meeting – 12 Step Focus

9AM – 3:45PM **12 Step Format Meetings**
(includes lunch and morning tea breaks)

3:45PM – 4:15PM **ADR Annual General Meeting**

6:30PM ONWARD **ADR Dinner** Location TBA

Sunday 17 March: Closed Meeting – 12 Step Focus

9AM – 1:10PM **12 Step Format Meetings**
(includes lunch and morning tea breaks)

**Scholarships are available for doctors
in financial hardship, unwaged or on benefits**
Contact Dr Ruth at ruth.adr@bigpond.com or 0411 035 622

ADR 27 REGISTRATION FORM

Delegate Name _____

Partner/Family _____

Address _____

Mobile _____ Email _____

REGISTRATION FEES

3-day Registration

Friday, Saturday & Sunday \$570 @ _____ (persons) = \$ _____
(includes Saturday dinner)

2-day Registration

Friday & Saturday (includes Sat dinner) \$470 @ _____ (persons) = \$ _____

Saturday & Sunday (includes Sat dinner) \$420 @ _____ (persons) = \$ _____

1-day Registration Academic Day \$220 @ _____ (persons) = \$ _____

Extra Dinner Ticket Saturday \$110 @ _____ (persons) = \$ _____

Donation for Scholarship Fund \$ _____ = \$ _____

Total = \$ _____

Payment is required at time of registration

CREDIT CARD DETAILS

Please email to Dr Ruth at ruth.adr@bigpond.com

Name on card _____

Card number _____

Expiry date _____ / _____ CVV _____

Signed _____ Date _____

Or pay by direct deposit – see details on back page