Graphical user interface

Description automatically generated with medium confidence

Educational Event Request - SA Health

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| 1. Name of Supplier. |
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| 2. Title of Educational Event. |
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| 3. Date of Educational Event. |
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| Click or tap to enter a date. |

| 4. Type of Educational Event. |
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| Seminar Webinar Product Launch Speaker Request |

| 5. Location of Educational Event. (If applicable) |
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| 6. Has your company tendered for any SA Health contracts which are pending outcome? ooooooooutoutcome? |
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| Yes  No |

| 7. Does the product associated with this submission relate to any SA Health contract? ooooooooutoutcome? |
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| Yes  No |

| If yes, please list the contract number, product description and item number |
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| 8. Provide a detailed description of the topic and how it relates to clinical practice. |
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| 9. Please provide information regarding educational materials or products that will be on   display during the event. |
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| 10. Please provide details of speaker(s) including their professional background. |
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| 11. Please provide a timetable of event, detailing who will be speaking on what topics  and for how long. |
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| 12. Please detail the speaker’s relationship to the company promoting/sponsoring the  event. |
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| 13. Please provide full details of any support offered to SA Health Employees, including airfares, accommodation or transfers per person. |
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| 14. Please advise of the specific clinical group within SA Health who may benefit from attending this event. (Individual names to be entered Question 22) |
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| 15. Please provide details of the value of hospitality involved (eg dinner) per head. |
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| 16. Provide details regarding any gifts/prizes offered and their value. |
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| 17. Provide RSVP details – name, email and date. |
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| 18. If required, can electronic copies of the information presented be made available for any clinicians who were unable to attend? |
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| Yes  No |

| 19. Does this Educational Event request have any other supporting documentation?  This can include an educational/promotional flyer. If so, please email to  [Health.ProductCommittee@sa.gov.au](mailto:Health.ProductCommittee@sa.gov.au) |
| --- |
| Yes  No |

| 20. Please enter any further comments. |
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| 21. Please provide full details of any SA Health employees that you feel will benefit from this event. Please include name, email and hospital/Local Health Network. |
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**For more information**

Procurement and Supply Chain Management

sahealth.sa.gov.au/pscm

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