

## REGISTRATION FORM (MEU Faculty Development Program)

Full Name (Prof / A/Prof / Dr / Mr / Mrs / Ms / Mdm *) Please <u>underline</u> your family name	
MCR no. / DBR no. / PRN / Nurse Registration no. *	
Designation	
Institution / Faculty / Department	
Address	
Contact no.	Fax no.
Email Address	

\* Please circle where applicable

<b>Registration Fees</b> (Fees are inclusive of GST)			
		NUHS Staff (including staff on YLLSoM Adjunct Scheme)	Others
<b>A</b>	<u>3<sup>rd</sup> &amp; 4<sup>th</sup> May 2010</u> Learning in the 21 <sup>st</sup> Century: Medical / Health Professional Aspects: Why Should We Shift the Education Paradigm? What Should We Teach? How Should We Teach?	<input type="checkbox"/> <b>S\$192*</b>	<input type="checkbox"/> <b>S\$599</b>
<b>B</b>	<u>8<sup>th</sup> – 10<sup>th</sup> June 2010</u> Curriculum Design, Evaluation and Quality Assurance	<input type="checkbox"/> <b>S\$256*</b>	<input type="checkbox"/> <b>S\$802</b>
<b>C</b>	<u>22<sup>nd</sup> June 2010</u> Competency Based Medical / Health Professional Education: How to Assess Trainees	<input type="checkbox"/> <b>S\$160*</b>	<input type="checkbox"/> <b>S\$449</b>
<b>D</b>	<u>23<sup>rd</sup> &amp; 24<sup>th</sup> June 2010</u> Competency Based Medical / Health Professional Education: Skills / Workplace Based Assessment	<input type="checkbox"/> <b>S\$192*</b>	<input type="checkbox"/> <b>S\$599</b>
<b>E</b>	<u>25<sup>th</sup> June 2010</u> Competency Based Medical / Health Professional Education: Feedback Training	<input type="checkbox"/> <b>S\$160*</b>	<input type="checkbox"/> <b>S\$449</b>
<b>F</b>	<u>8<sup>th</sup> July 2010</u> Teaching for Effective Learning: Problem Based Learning (for Tutors)	<input type="checkbox"/> <b>S\$160*</b>	<input type="checkbox"/> <b>S\$449</b>
<b>G</b>	<u>9<sup>th</sup> July 2010</u> Teaching for Effective Learning: Case Based Learning	<input type="checkbox"/> <b>S\$160</b>	<input type="checkbox"/> <b>S\$449</b>
<b>H</b>	<u>14<sup>th</sup> &amp; 15<sup>th</sup> July 2010</u> Competency Based Medical / Health Professional Education: Written Assessment	<input type="checkbox"/> <b>S\$192*</b>	<input type="checkbox"/> <b>S\$599</b>
<b>I</b>	<u>14<sup>th</sup> September 2010</u> Teaching for Effective Learning: E-Learning	<input type="checkbox"/> <b>S\$160</b>	<input type="checkbox"/> <b>S\$449</b>
<b>J</b>	<u>23<sup>rd</sup> September 2010</u> Teaching for Effective Learning: Simulation Learning in Medical / Health Professional Education	<input type="checkbox"/> <b>S\$160</b>	<input type="checkbox"/> <b>S\$449</b>

\*Fees also apply to those on YLLSoM Clinical Faculty Scheme

More details on MEU Faculty Development Program at <http://medicine.nus.edu.sg/meu/>

**Payment Methods:**

**Payment Option 1: Cheque / Draft**

Please make your cheque / draft payable to “National University of Singapore”. On the reverse side, please write the workshop title and participants’ name(s) and mail to the address listed below.

**Payment Option 2: Credit Card**

Please fill attached form on page 3 and mail/fax/email the form to the address listed below.

**Payment Option 3: Invoice**

Invoice to attn to: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Please send all completed registration form / cheque / draft to:**

Tracy Aw  
Medical Education Unit, Yong Loo Lin School of Medicine,  
Block MD 11, #01-08, Clinical Research Centre, 10 Medical Drive  
National University of Singapore  
Singapore 117597  
DID: (65) 6516 2332 Fax: (65) 6872 1454  
Email: [meu@nuhs.edu.sg](mailto:meu@nuhs.edu.sg)

**Cancellation Clause**

Any cancellation or replacement must be conveyed to the Organiser in writing. A cancellation charge of 50% fee will be levied if the cancellation is received up to 1 month prior to the workshop. There will be no fee refund if the cancellation is received less than 1 month prior to the workshop.

**\*\* THANK YOU FOR YOUR PARTICIPATION \*\***

## CREDIT CARD PAYMENT FORM

(MEU Faculty Development Program)

**Salutation :**

Dr  Prof  A/Prof  Mr  Mdm  Ms (please "√" to indicate)

**Family Name:**

**Given Name:**

**Workshop Code:** (please "√" to indicate)

A  B  C  D  E  
 F  G  H  I  J

**Total Amount:**

SGD

**Credit Card Type** :  Visa  Mastercard (please "√" to indicate)

**Cardholder Name:**

(as shown in credit card)

**Card Number:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Card Expiry Date:**

**Signature:**

**Please fax or send your credit card details to:**

Medical Education Unit, Yong Loo Lin School of Medicine, Block MD 11, #01-08  
Clinical Research Centre, 10 Medical Drive  
National University of Singapore, Singapore 117597  
Attn: Ms Tracy Aw  
Tel: (65) 6516 2332 Fax: (65) 6872 1454 Email: meu@nuhs.edu.sg