

REGISTRATION FORM (MEU Faculty Development Program 2011)

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

Registration Fees (Fees are inclusive of GST)			
Workshop Code	Workshop Title	NUHS Staff (including staff on YLLSoM Adjunct Scheme)	Others
A	<u>17th February 2011</u> Learning in the 21 st Century: Medical / Health Professional Aspects: Why Should We Shift the Education Paradigm? What Should We Teach? How Should We Teach?	<input type="checkbox"/> S\$160*	<input type="checkbox"/> S\$321
B	<u>23rd February 2011</u> Competency Based Medical/ Health Professional Education: Mini-CEX	<input type="checkbox"/> S\$128*	<input type="checkbox"/> S\$256
C	<u>4th & 5th May 2011</u> Curriculum Design, Evaluation and Quality Assurance	<input type="checkbox"/> S\$192*	<input type="checkbox"/> S\$385
D	<u>19th May 2011</u> Teaching for Effective Learning: Problem Based Learning (for Tutors)	<input type="checkbox"/> S\$160*	<input type="checkbox"/> S\$321
E	<u>20th May 2011</u> Teaching for Effective Learning: Case Based Learning	<input type="checkbox"/> S\$160	<input type="checkbox"/> S\$321
F	<u>10th June 2011</u> Competency Based Medical/ Health Professional Education: Mini-CEX	<input type="checkbox"/> S\$128*	<input type="checkbox"/> S\$256
G	<u>14th & 15th July 2011</u> Competency Based Medical / Health Professional Education: Written Assessment	<input type="checkbox"/> S\$192*	<input type="checkbox"/> S\$385
H	<u>20th July 2011</u> Competency Based Medical / Health Professional Education: Feedback Training	<input type="checkbox"/> S\$160*	<input type="checkbox"/> S\$321
I	<u>19th July 2011 (New Date)</u> Teaching for Effective Learning: E-Learning	<input type="checkbox"/> S\$160	<input type="checkbox"/> S\$321
J	<u>26th & 27th July 2011</u> Scholarship of Teaching & Learning	<input type="checkbox"/> S\$192*	<input type="checkbox"/> S\$385

(More workshops on the next page)

*Fees also apply to those on YLLSoM Clinical Faculty Scheme

Registration Fees <i>(Fees are inclusive of GST)</i>			
Workshop Code	Workshop Title	NUHS Staff (including staff on YLLSoM Adjunct Scheme)	Others
K	<u>8th & 9th September 2011</u> Competency Based Medical / Health Professional Education: Skills / Workplace Based Assessment	<input type="checkbox"/> S\$192*	<input type="checkbox"/> S\$385
L	<u>15th September 2011</u> Competency Based Medical/ Health Professional Education: Mini-CEX	<input type="checkbox"/> S\$128*	<input type="checkbox"/> S\$256
M	<u>23rd September 2011</u> Teaching for Effective Learning: Simulation Learning in Medical / Health Professional Education	<input type="checkbox"/> S\$160	<input type="checkbox"/> S\$321

*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 completed registration form / cheque / draft to:

Emily Loo/ Lee Ai Lian

Medical Education Unit (MEU), Dean’s Office, Yong Loo Lin School of Medicine,
NUHS Tower Block, Level 11, 1E Kent Ridge Road

Singapore 119228

DID: (65) 6516 1048/ (65) 6516 8123 Fax: (65) 6872 1454

Email: meu@nuhs.edu.sg

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

CREDIT CARD PAYMENT FORM
(MEU Faculty Development Program 2011)

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
 K L M

Total Amount:

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

Cardholder Name:

(as shown in credit card)

Card Number:

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Card Expiry Date:

Signature:

Please fax or send your credit card details to:

**Medical Education Unit (MEU), Dean's Office, Yong Loo Lin School of Medicine,
NUHS Tower Block, Level 11**

1E Kent Ridge Road, Singapore 119228

Attn: Ms Emily Loo/ Ms Lee Ai Lian

Tel: (65) 6516 1048/ (65) 6516 8123

Fax: (65) 6872 1454

Email: meu@nuhs.edu.sg