REGISTRATION FORM (MEU Faculty Development Program 2011)

Full Name (Prof / AProf / Dr / Mr / Mrs / Ms / Mdm *)  Please underline 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

<table>
<thead>
<tr>
<th>Workshop Code</th>
<th>Workshop Title</th>
<th>NUHS Staff (including staff on YLLSoM Adjunct Scheme)</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 17th February 2011</td>
<td>Learning in the 21st Century: Medical / Health Professional Aspects: Why Should We Shift the Education Paradigm? What Should We Teach? How Should We Teach?</td>
<td>□ S$160*</td>
<td>□ S$321</td>
</tr>
<tr>
<td>B 23rd February 2011</td>
<td>Competency Based Medical/ Health Professional Education: Mini-CEX</td>
<td>□ S$128*</td>
<td>□ S$256</td>
</tr>
<tr>
<td>D 19th May 2011</td>
<td>Teaching for Effective Learning: Problem Based Learning (for Tutors)</td>
<td>□ S$160*</td>
<td>□ S$321</td>
</tr>
<tr>
<td>E 20th May 2011</td>
<td>Teaching for Effective Learning: Case Based Learning</td>
<td>□ S$160</td>
<td>□ S$321</td>
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<tr>
<td>F 10th June 2011</td>
<td>Competency Based Medical/ Health Professional Education: Mini-CEX</td>
<td>□ S$128*</td>
<td>□ S$256</td>
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<tr>
<td>G 14th &amp; 15th July 2011</td>
<td>Competency Based Medical / Health Professional Education: Written Assessment</td>
<td>□ S$192*</td>
<td>□ S$385</td>
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<tr>
<td>H 20th July 2011</td>
<td>Competency Based Medical / Health Professional Education: Feedback Training</td>
<td>□ S$160*</td>
<td>□ S$321</td>
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<tr>
<td>I 19th July 2011</td>
<td>Teaching for Effective Learning: E-Learning</td>
<td>□ S$160</td>
<td>□ S$321</td>
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<tr>
<td>J 26th &amp; 27th July 2011</td>
<td>Scholarship of Teaching &amp; Learning</td>
<td>□ S$192*</td>
<td>□ S$385</td>
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(More workshops on the next page)

*Fees also apply to those on YLLSoM Clinical Faculty Scheme
### Registration Fees *(Fees are inclusive of GST)*

<table>
<thead>
<tr>
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<tr>
<td>K</td>
<td>8&lt;sup&gt;th&lt;/sup&gt; &amp; 9&lt;sup&gt;th&lt;/sup&gt; September 2011 Competency Based Medical / Health Professional Education: Skills / Workplace Based Assessment</td>
<td>☐ S$192*</td>
<td>☐ S$385</td>
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<td>L</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; September 2011 Competency Based Medical / Health Professional Education: Mini-CEX</td>
<td>☐ S$128*</td>
<td>☐ S$256</td>
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<tr>
<td>M</td>
<td>23&lt;sup&gt;rd&lt;/sup&gt; September 2011 Teaching for Effective Learning: Simulation Learning in Medical / Health Professional Education</td>
<td>☐ S$160</td>
<td>☐ S$321</td>
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More details on MEU Faculty Development Program at [http://medicine.nus.edu.sg/meu/](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:  
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 (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