

REGISTRATION FORM (MEU Faculty Development Program 2012)

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 <i>(Fees are inclusive of GST)</i>			
Workshop Code	Workshop Title	NUHS Staff (including staff on YLLSoM Adjunct Scheme)	Others
A	<u>15th February 2012</u> Learning in the 21 st Century: Medical / Health Professional Aspects	<input type="checkbox"/> S\$160*	<input type="checkbox"/> S\$180
B	<u>16th & 17th February 2012</u> Curriculum Design, Evaluation and Continuous Quality Improvement	<input type="checkbox"/> S\$192*	<input type="checkbox"/> S\$210
C	<u>28th February 2012</u> Competency Based Medical / Health Professional Education: Mini-CEX	<input type="checkbox"/> S\$128*	<input type="checkbox"/> S\$150
D	<u>26th & 27th April 2012</u> Teaching for Effective Learning: Small Group Teaching	<input type="checkbox"/> S\$192	<input type="checkbox"/> S\$210
E	<u>17th & 18th May 2012</u> Competency Based Medical / Health Professional Education: Written Assessment	<input type="checkbox"/> S\$192*	<input type="checkbox"/> S\$210
F	<u>29th May 2012</u> Teaching for Effective Learning: E-Learning	<input type="checkbox"/> S\$160	<input type="checkbox"/> S\$180
G	<u>26th & 27th July 2012</u> Competency Based Medical / Health Professional Education: Skills / Workplace Based Assessment	<input type="checkbox"/> S\$192*	<input type="checkbox"/> S\$210
H	<u>30th July 2012</u> Competency Based Medical / Health Professional Education: Providing Effective Feedback to Enhance Learning	<input type="checkbox"/> S\$160*	<input type="checkbox"/> S\$180
I	<u>31st July 2012</u> Scholarship of Teaching & Learning	<input type="checkbox"/> S\$160*	<input type="checkbox"/> S\$180

(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
J	<u>14th September 2012</u> Competency Based Medical / Health Professional Education: Mini-CEX	<input type="checkbox"/> S\$128*	<input type="checkbox"/> S\$150

*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: _____

Billing Address: _____

Mailing Address: _____

Please send completed registration form / cheque / draft to:

Emily Loo/ Lee Ai Lian/ Jennifer See
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/ (65) 6516 2332 Fax: (65) 6872 1454
Email: 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 2 month prior to the workshop. There will be no fee refund if the cancellation is received less than 2 month prior to the workshop. Registration will only be confirmed upon full payment. MEU reserves the right to change the date / timing / location etc. of the workshop.

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

CREDIT CARD PAYMENT FORM
(MEU Faculty Development Program 2012)

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

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/ Ms Jennifer See

Tel: (65) 6516 1048/ (65) 6516 8123/ (65) 6516 2332 Fax: (65) 6872 1454 Email: meu@nuhs.edu.sg