

## REGISTRATION FORM (MEU Faculty Development Program 2013)

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

\* Please circle where applicable

<b>Registration Fees</b> <i>(Fees are inclusive of GST)</i>			
<b>Workshop Code</b>	<b>Workshop Title</b>	<b>NUHS Staff</b> (including staff on YLLSoM Adjunct Scheme)	<b>Others</b>
<b>A</b>	<u>25<sup>th</sup> February 2013</u> 21 <sup>st</sup> Century Teaching-Learning Strategies	<input type="checkbox"/> <b>S\$160*</b>	<input type="checkbox"/> <b>S\$180</b>
<b>B</b>	<u>26<sup>th</sup> February 2013</u> Developing Learning Outcome and EPAs	<input type="checkbox"/> <b>S\$160*</b>	<input type="checkbox"/> <b>S\$180</b>
<b>C</b>	<u>26<sup>th</sup> April 2013</u> Competency Based Medical / Health Professional Education: Mini-CEX	<input type="checkbox"/> <b>S\$128*</b>	<input type="checkbox"/> <b>S\$150</b>
<b>D</b>	<u>8<sup>th</sup> May 2013</u> Teaching for Effective Learning: Large Group Teaching	<input type="checkbox"/> <b>S\$160*</b>	<input type="checkbox"/> <b>S\$180</b>
<b>E</b>	<u>9<sup>th</sup> &amp; 10<sup>th</sup> May 2013</u> Teaching for Effective Learning: Small Group Teaching	<input type="checkbox"/> <b>S\$192*</b>	<input type="checkbox"/> <b>S\$210</b>
<b>F</b>	<u>20<sup>th</sup> May 2013</u> Teaching for Effective Learning: E-Learning	<input type="checkbox"/> <b>S\$160</b>	<input type="checkbox"/> <b>S\$180</b>
<b>G</b>	<u>8<sup>th</sup> July 2013</u> Competency Based Medical / Health Professional Education: Providing Effective Feedback to Enhance Learning	<input type="checkbox"/> <b>S\$160*</b>	<input type="checkbox"/> <b>S\$180</b>
<b>H</b>	<u>9<sup>th</sup> &amp; 10 July 2013</u> Competency Based Medical / Health Professional Education: Written Assessment	<input type="checkbox"/> <b>S\$192*</b>	<input type="checkbox"/> <b>S\$210</b>
<b>I</b>	<u>17<sup>th</sup> &amp; 18<sup>th</sup> July 2013</u> Competency Based Medical / Health Professional Education: Skills / Workplace Based Assessment	<input type="checkbox"/> <b>S\$192*</b>	<input type="checkbox"/> <b>S\$210</b>

(More workshops on the next page)

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

<b>Registration Fees</b> <i>(Fees are inclusive of GST)</i>			
<b>Workshop Code</b>	<b>Workshop Title</b>	<b>NUHS Staff</b> (including staff on YLLSoM Adjunct Scheme)	<b>Others</b>
<b>J</b>	<a href="#"><u>19<sup>th</sup> July 2013</u></a> Competency Based Medical / Health Professional Education: Multi-Station Examinations	<input type="checkbox"/> <b>S\$160*</b>	<input type="checkbox"/> <b>S\$180</b>
<b>K</b>	<a href="#"><u>25<sup>th</sup> July 2013</u></a> Competency Based Medical / Health Professional Education: Portfolio for Learning and Assessment	<input type="checkbox"/> <b>S\$128*</b>	<input type="checkbox"/> <b>S\$150</b>
<b>L</b>	<a href="#"><u>25<sup>th</sup> July 2013</u></a> Competency Based Medical / Health Professional Education: Developing Context Rich Multiple Choice Questions	<input type="checkbox"/> <b>S\$128*</b>	<input type="checkbox"/> <b>S\$150</b>
<b>M</b>	<a href="#"><u>29<sup>th</sup> July 2013</u></a> Competency Based Medical / Health Professional Education: Mini-CEX	<input type="checkbox"/> <b>S\$128*</b>	<input type="checkbox"/> <b>S\$150</b>
<b>N</b>	<a href="#"><u>11<sup>th</sup> &amp; 12<sup>th</sup> September 2013</u></a> Curriculum Design, Evaluation and Continuous Quality Improvement	<input type="checkbox"/> <b>S\$192</b>	<input type="checkbox"/> <b>S\$210</b>
<b>O</b>	<a href="#"><u>13<sup>th</sup> September 2013</u></a> Scholarship of Teaching & Learning	<input type="checkbox"/> <b>S\$160</b>	<input type="checkbox"/> <b>S\$180</b>
<b>P</b>	<a href="#"><u>17<sup>th</sup> September 2013</u></a> Competency Based Medical / Health Professional Education: Mini-CEX	<input type="checkbox"/> <b>S\$128*</b>	<input type="checkbox"/> <b>S\$150</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: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

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

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 8123/ (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 in writing to the organiser.

Cancellation received 60 days before the workshop: Full refund (*less off bank charge*).

Cancellation received between 30 – 59 days before the workshop: Refund of 50% of the workshop fee.

Cancellation received 1 – 29 days before the workshop: No refund. *\*Please refer to the workshop fliers for the exact cut off dates with regards to the cancellation policy for the respective workshops.*

Registration can be only confirmed upon full payment. MEU reserves the rights to change the date / timing / location etc.

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

**CREDIT CARD PAYMENT FORM**  
(MEU Faculty Development Program 2013)

**Salutation :**

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

**Family Name:**

**Given Name:**

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

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | <input type="checkbox"/> F |
| <input type="checkbox"/> G | <input type="checkbox"/> H | <input type="checkbox"/> I | <input type="checkbox"/> J | <input type="checkbox"/> K | <input type="checkbox"/> L |
| <input type="checkbox"/> M | <input type="checkbox"/> N | <input type="checkbox"/> O | <input type="checkbox"/> P |                            |                            |

**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 Lee Ai Lian/ Ms Jennifer See  
Tel: (65) 6516 8123/ (65) 6516 2332 Fax: (65) 6872 1454 Email: meu@nuhs.edu.sg**