NUS-**Priority Research In Medical Education**

**Presentation Proposal**

1. Personal Information

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| **Full Name (Prof/ A/Prof/ Dr/ Mr/ Mrs/ Ms/ Mdm \*)**  Please underline your **family name** | **Photo** *(for publicity purposes)* |
| **MCR no./ DBR no./ PRN/ Nurse Reg. no. \*** | **Email Address** |
| **Designation** | **Contact no.** |
| **Institution / Faculty / Department** |

*\*Please delete where applicable.*

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| --- |
| **Short biography (max. 60 words)** |

2. Presentation Details

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| **Title** |
| **Synopsis (max. 100 words)** |

3. Presentation Slots

Please let us know your preferred presentation schedule.

*[ ] Feb – Apr [ ] May – Jul [ ] Aug - Nov*

4. Consent

*By submitting the form, I hereby fully consent to*

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