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#### **WONG HOCK BOON SOCIETY**

# Conference / Workshop Report Form

The report form should be submitted after your conference / workshop to:

Yong Loo Lin School of Medicine, Dean’s Office, Research Division

Attn: Ms Sherline Tay Gek Sun (medtgss@nus.edu.sg)
 Mr Cheng Woon Tien (woontien@nus.edu.sg)

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| --- | --- | --- | --- |
| Name:  |  | Student Matriculation No.: |  |
| Year of Study: | [ ]  M1 [ ]  M2 [ ]  M3 [ ]  M4 [ ]  M5 | Contact No. (mobile): |  |
| Email Address: |  |
| Project Title: |  |

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| --- |
| **Conference / Workshop Title:** |
| **Venue:** |  | **Date:** |  |
| **What you have learnt from the Conference / Workshop that is related to your work?** |
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| **What you have learnt from the Conference / Workshop and how it has helped you in your research project?** |
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