



Please send the completed application form and the required items to:

Course Secretariat  
 College of Emergency Physicians  
 c/o Academy of Medicine, Singapore  
 81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836

**Closing Date for Registration: 31 August 2017, Thursday**

## APPLICATION FORM

### MCQ WRITING WORKSHOP FOR EMERGENCY PHYSICIANS

#### 5 SEPTEMBER 2017

A. PERSONAL DETAILS			
Surname / Family Name:		Given Name:	
		Salutation: Dr / Mr / Ms / Mdm / Others _____	
Name To Appear on Certificate of Attendance:			
NRIC / Passport Number:		FIN Number:	
		MCR Number (For Local Doctors Only):	
Date of Birth (dd/mm/yy):		Nationality:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Group: <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others _____	
Home Address:			
Postal Code:			
Institution:			
Designation:			
Office / Place of Practice Address:			
Postal Code:			
Preferred Mailing Address (Please tick one): <input type="checkbox"/> Home <input type="checkbox"/> Office			
Contact Number: (Home)		(Office)	
		(Mobile)	
		(Fax)	
Email Address:			
For catering purposes, please select your dietary requirements below. <input type="checkbox"/> No preference <input type="checkbox"/> Halal <input type="checkbox"/> Vegetarian			

**B. PAYMENT OPTIONS**

# Please put a tick in the correct box.

	Category <sup>#</sup>	Fee
<input type="checkbox"/>	College Fellow	FREE
<input type="checkbox"/>	Others	SGD 200.00 *

\*The fee is inclusive of 7% prevailing Goods and Services Tax (GST).

**Payment Options<sup>#</sup>**

- Cheque / Bank Draft -> To be made payable to 'Academy of Medicine, Singapore' in Singapore Dollars.  
 Cash  
 Bank Transfer -> Please contact the Course Secretariat for the bank details.

**C. CANCELLATION POLICY**

Any cancellation must be made in writing to the Course Secretariat before **31 August 2017, Thursday**. An administrative charge amounting to 10% of the total course fees payable would apply for cancellations.

No refund would be made for any cancellations made after **31 August 2017, Thursday**.

**D. DECLARATION**

I declare that all information submitted in support of this application is accurate. By registering for this course, I acknowledge and agree to the registration terms including the cancellation policy.

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

For enquiries and information about this course, please contact the following.

Ms Elise Toh

Course Secretariat

College of Emergency Physicians

c/o Academy of Medicine, Singapore

81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836

DID: +65 6593 7805

Fax: +65 6593 7880

Email: [elise\\_toh@ams.edu.sg](mailto:elise_toh@ams.edu.sg)

Website: <http://ams.edu.sg/colleges/emergency-physicians/home>

**FOR OFFICIAL USE ONLY**

Payment Option:	Cash / Cheque / Bank Draft / Telegraphic Transfer	Reference No.:	_____
Amount Received:	_____	Date Received:	_____
Receipt No.:	_____	Date of Issue:	_____