



1 YOUR DETAILS

MEDICAL PROTECTION MEMBERSHIP NO. *(printed on the letter)*

SMA MEMBERSHIP NO: YES/NO MCR NO.

TITLE _____ FIRST NAME(S) _____

FAMILY NAME _____

ORGANISATION _____

TELEPHONE NUMBER _____

HANDPHONE NUMBER _____

EMAIL ADDRESS _____

DIETARY REQUIREMENTS _____

PROFESSIONAL STATUS:

☐ GP ☐ SPECIALIST *(indicate specialty)*

By returning this form you confirm that you agree with the booking terms and conditions at medicalprotection.org

Registration closes one day prior to the workshop or when the workshop reaches maximum capacity.

2 SELECT THE WORKSHOP YOU WOULD LIKE TO ATTEND

BUILDING RESILIENCE AND AVOIDING BURNOUT

(3 hours)

✓ Location	Date	Time
<input type="checkbox"/> Sheraton Towers	27 May	6.30pm

ACHIEVING SAFER AND RELIABLE PRACTICE

(3 hours)

✓ Location	Date	Time
<input type="checkbox"/> Novotel on Stevens	9 May	2.30pm

MASTERING ADVERSE OUTCOMES

(3 hours)

✓ Location	Date	Time
<input type="checkbox"/> Sheraton Towers	19 May	6.30pm

3 PAYMENT FOR NON-MEMBERS

☐ SMA member \$145 ☐ Non-member \$290

VISA/MasterCard No.

Expiry Date / (mm/yy)

CW2/CVC2 No. (the last 3 digits after the credit card no. on the reverse side of the card)

NAME ON CARD _____

Non-members, please complete this registration form and email to mpsworkshop@sma.org.sg or fax to **6252 9693**
OR return via post to
Singapore Medical Association, 2985 Jalan Bukit Merah, #02-2C, SMF Building, Singapore 159457

Members can register today at medicalprotection.org



Presented in partnership with the
Singapore Medical Association