

National University Health System

Yong Loo Lin School of Medicine • National University Hospital • Faculty of Dentistry



REGISTRATION FORM FOR 4th NUHS REGIONAL TRAINING COURSE FOR DIABETIC FOOT SCREENING

9 to 13 March 2009

Organised by: **NUHS Multi-Disciplinary Team for Diabetic Foot Problems**

Venue: **CRC Symposium Rooms II and III**

SECTION A: PERSONAL PARTICULARS		Recent Photograph of Applicant
FULL NAME (Ms/ Mdm / Mr / Dr) Please <u>underline</u> surname	Appointment in Hospital / Institution Assistant Nurse / Staff Nurse / Technologist / Medical Doctor	
Address of Hospital/Institution: E-mail Address:		
Office No:	Hp No:	
Nationality:	Sex: Male / Female *	
Age (Yr):	Race:	
Singapore NRIC No: Malaysia Passport No (If applicable):	Type of Singapore IC: Pink / Blue *	
HIGHEST EDUCATION OBTAINED		

DATE:	SIGNATURE:
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Please send via Email to: dosnathe@nus.edu.sg
erasmus_adriaan@nuh.com.sg

Registration Fee: SGD 200.00 (includes textbook “Diabetic Foot Problems” for course)

Payment terms and conditions

All payments must be **NETT** of bank charges.

All payments by cheques must be crossed and made payable to:

“NUH Diabetic Foot Team” and send to:

Associate Professor Aziz Nather
Chairman NUHS Multi-Disciplinary Team for Diabetic Foot Problems
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