



COLLEGE OF SURGEONS, SINGAPORE

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

Tel: (65) 65937800 Fax: (65) 65937880

Email: css@ams.edu.sg Website: www.css.edu.sg

Registration Number: 200410341R



21st YAHYA COHEN MEMORIAL LECTURESHIP NOMINATION FORM

Closing date: Submission must be received by The Secretariat office, College of Surgeons, Singapore, 81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836 by 3pm, Monday, 20 June 2016.

First Name of Nominee: _____

Last Name of Nominee: _____

Preferred Name to appear in Certificate: _____

(Nominee must be a Fellow of the College of Surgeons, a current paid member with no arrears as at closing date and the Main Author of the paper.)

Title of Paper: _____

Co-authors:

1. _____

2. _____

3. _____

4. _____

Publisher: _____

Journal/Book Title/Year of Publication: _____

(Copy of publication must accompany the Nomination Form)



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Consent from Co-authors

We, the undersigned agree that (Nominee's name) _____ be nominated and to receive the award in the event if the submitted paper is the winning paper.

	<u>Name</u>	<u>Signature</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Consent of Nominee

If selected, I agree to deliver the 21st Yahya Cohen Memorial Lecture at the College of Surgeons Lectureship Dinner to be held on 26 August 2016 or any other event as designated by the College of Surgeons.

(Name of Nominee)

(Signature)

(Name of Proposer)

(Signature)

(Date)

***Self-Nomination is acceptable**