COLLEGE OF SURGEONS, SINGAPORE

81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836
Tel: (65) 65937800 Fax: (65) 65937880 Website: www.css.edu.sg
Registration Number: 200410341R

22nd YAHYA COHEN MEMORIAL LECTURESHIP

NOMINATION FORM

Closing date: 1500hrs, Friday, 31 March 2017

Submission must be received by The Secretariat office, College of Surgeons, Singapore
81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836
Please submit to The College Secretariat at: bened_thong@ams.edu.sg

Please type or print legibly.

Nominee Name (as registered with SMC)

_____

(please underline surname)

MCR No. _____ Designation _____

Speciality _____Department_____

Institution/Clinic_____

Mailing Address

_____

_____

Mobile _____DID_____ Email _____

Title of Paper

_____

_____

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Co-authors:

1. _____
2. _____
3. _____
4. _____

Publisher: _____

Journal/Book Title/Year of Publication: _____
(Copy of publication must accompany the Nomination Form)

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.

	Name	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

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Checklist for items to be submitted:

1) ☐ Full text in MS Word and pdf format
2) ☐ 300-word synopsis in MS Word and pdf format
3) ☐ A hi-resolution portrait photograph
4) ☐ Completed and signed Nomination Form

This is to acknowledge that I have understood the terms and conditions of the Award.

Nominee

Consent of Nominee

If selected, I agree to deliver the 22nd Yahya Cohen Memorial Lecture at the College of Surgeons, Singapore Lectureship Dinner to be held on 29 September 2017 or any other event as designated by the College of Surgeons, Singapore.

Signature _____ _____ Date _____

Name _____MCR No. _____

Proposer

Signature _____ Date _____

Name _____MCR No. _____

Speciality _____Department_____

Institution/Clinic_____

Mailing Address

_____

_____

Mobile _____DID_____ Email _____