**WORKSHOP REQUEST FORM**

Medical Education Resource Center (MERC) organizes a variety of workshops for PGIM trainees, trainers and Examiners

Kindly submit this workshop request form at least 10 working days prior to the requested date.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Topic | | | : |  | | |
| 2 | Brief description | | | : |  | | |
| 3 | Tentative dates | | | : |  | | |
|  |  | | | |  | | |
|  |  | | | |  | | |
|  |  | | | |  | | |
| 4 | Duration | | | : |  | | |
| 5 | BOS/Specialty Board | | | : |  | | |
|  | Name of Secretary BOS/Sp Bd | | | : |  | | |
|  | Contact No | | | : |  | | |
|  | Email address | | | : |  | | |
| 6 | Number of Participants | | | : |  | | |
|  | *Relevant subject clerk to provide Mobile numbers, email & postal addresses of participants* | | | | | | |
| 7 | Please tick () if required; | | | | | | |
|  | Morning refreshments | | |  | |  | |
|  | Evening refreshments | | |  | |  | |
|  | Lunch | | |  | |  | |
|  | Participation Certificate | | |  | |  | |
|  | e-resource materials | | |  | |  | |
| 8 | Resource person/s | | |  | |  | |
|  |  | Name | Contact No | | | | Email |
|  | 1 |  |  | | | |  |
|  | 2 |  |  | | | |  |
|  | 3 |  |  | | | |  |
|  | 4 |  |  | | | |  |
| 9 | Any other requests/comments that would help us better prepare the workshop: | | | | | | |
| 10 | Note: All participants will be invited via email to register online for the workshop at least two working days before scheduled workshop, to facilitate catering and certificates of participation etc. | | | | | | |
|  |  | | | | | | |

*For more information please contact MERC; email -* [*merc@pgim.cmb.ac.lk*](mailto:merc@pgim.cmb.ac.lk%20) *.*

***Thank you for your interest in our programs!***