**GPME Inc**

**Expression of Interest**

**May 17 & 18 2018**

1. **Workshop Title** Click here to enter title.

**Presenters**

Presenters - Main contacts:

1. Click here to enter name Email contact. Phone contact.

2. Click here to enter name Email contact. Phone contact.

Other Presenters

3. Click here to enter name.

4. Click here to enter name.

5. Click here to enter name.

**Synopsis of workshop**

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| --- |
| Click here to enter synopsis. |

**Learning objectives**

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| Click here to enter learning objectives. |

**Workshop duration** (note most blocks are 90 minutes) Choose from dropdown.

**Maximum participant numbers** Click here to enter number.

**Target audience**

Tick as many as applicable

[ ] Registrar Medical educators

[ ] New Medical educators

[ ] Medical educators

[ ] Senior/Lead Medical educators

[ ] Medical educator/GP Supervisors

**Audio-visual requirements**

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| Click here to enter AV requirements. |

1. **Pecha Kucha Challenge**

**Title** Click here to enter title.

**Presenter – Main contact** Click here to enter name Email contact. Phone contact.

**Synopsis of Pecha Kucha**

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| --- |
| Click here to enter synopsis. |

**Learning objectives**

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| Click here to enter learning objectives. |

**Audio-visual requirements**

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| Click here to enter AV requirements. |

**Return by email to:** gpme.edu@gmail.com