# **Annual Scottish Medical Appraisers Conference**

## *Suggestions for Workshop / Plenary sessions*

**SUBMISSIONS MUST BE SENT NO LATER THAN NOVEMBER TO BE CONSIDERED FOR NEXT CONFERENCE**

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| --- | --- |
| Title: |  |
| Workshop or Plenary session? |  |
| Aim(s) of session: |  |
| Would you be available/ interested in facilitating? |  |
| If Yes, please provide contact details (Name and Email): |  |
| Date: |  |

Please return to [Medical.Appraisal@nes.scot.nhs.uk](mailto:Medical.Appraisal@nes.scot.nhs.uk)