

Cardiovascular Disease, Risk Factors, and Consequences

31 Jul & 1 Aug 2010 | 2.00-5.45pm

Shaw Foundation Alumni House
National University of Singapore
11 Kent Ridge Drive, S119244

SEMINARS

(2 Core FM CME Points for each seminar)

Seminar 1 • Unit 1-3: Sat, 31 July 2010 (2.00pm - 4.15pm)

Seminar 2 • Unit 4-6: Sun, 1 August 2010 (2.00pm - 4.15pm)

WORKSHOP

Workshop 1: Practical Skills

Sat, 31 July 2010 (4.30pm - 5.45pm)

Workshop 2: Case Studies

Sun, 1 August 2010 (4.30pm - 5.45pm)

*Registration of workshop is on first come first served basis. Seats are limited. Please register by 24 July 2010 to avoid disappointment.

DISTANCE LEARNING MODULE

(6 Core FM CME Points upon completing the MCQ Assessment)

- Read 6 Units of study materials in the Singapore Family Physician Journal and pass the MCQ Assessment.

This Family Practice Skills Course is organised by the College of Family Physicians Singapore and supported by an educational grant from Boehringer Ingelheim



LUNCH SYMPOSIUM

**Systemic Consequences
of COPD: A Call for
Earlier Treatment**

Saturday, 31 July 2010
1.00pm - 2.00pm*

Shaw Foundation Alumni House
National University of Singapore
11 Kent Ridge Drive, S119244

*Lunch is provided

REGISTRATION

CARDIOVASCULAR DISEASE

Please tick (✓) the appropriate boxes

**FREE
REGISTRATION
for College
Members!**

	College Member	Non Member
Seminar 1 (Sat)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 20.00
Seminar 2 (Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 20.00
Workshops (Sat-Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 40.00
Distance Learning (Journal)	FREE	<input type="checkbox"/> \$ 40.00
Lunch Symposium	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
	TOTAL	

I attached a cheque for payment of the above, made payable to: **College of Family Physicians Singapore.***

Cheque number: _____

Signature: _____

*Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed **OR** after official receipt is issued (whichever is earlier).

Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: 2008 Intake 2009 Intake

Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____

Tel: _____ Fax: _____

Note: Any changes to the course details will be announced via e-mail. Please kindly check your inbox prior to attending the course. Thank you.

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
16 College Rd #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: **6222 0204**