



## Family Practice Skills Course #80 (1 Day)

# Life-course Immunization - Vaccinate for Life Series

Sat, 18 May 2019: 2.00pm - 5.30pm

Academia Auditorium, Level 1,  
20 College Road, Singapore 169856

### TOPICS

Unit 1: Empowering the Role of Family Practice in Vaccine-Preventable Diseases through HALO

Unit 2: Influenza and Patients with Chronic Diseases and Elderly

Unit 3: Pertussis Booster Vaccinations: Guidelines and Schedules

### WORKSHOP

Case Studies

### SPEAKERS

TBC

- **SEMINAR** (2 Core FM CME points)
  - Unit 1 - 3: Sat, 18 May (2.00pm - 4.00pm)

- **WORKSHOP** (1 Core FM CME point)  
Sat, 18 May (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis. Seats are limited. Please register by 8 May 2019 to avoid disappointment.

- **DISTANCE LEARNING MODULE** (3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
  - Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **GlaxoSmithKline Singapore**, organised by **College of Family Physicians Singapore**.

All information is correct at time of printing and may be subject to changes.



## REGISTRATION

Life-course Immunization - Vaccinate for Life Series

Please tick (✓) the appropriate boxes

**FREE REGISTRATION for College Members!**

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> <del>\$32.10</del> <b>FREE</b>	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> <del>\$32.10</del> <b>FREE</b>	<input type="checkbox"/> \$32.10
Distance Learning (MCQ Assessment)	<input type="checkbox"/> <del>\$85.60</del> <b>FREE</b>	<input type="checkbox"/> \$85.60
<b>TOTAL</b>		

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

I attach 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: \_\_\_\_\_ 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. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:

**College of Family Physicians Singapore**

16 College Road #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: 6222 0204