



Family Practice Skills Course #77 (1 Day)

Diabetes Mellitus Update

Sat, 26 January 2019: 2.00pm - 5.30pm

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

TOPICS

Unit 1: Oral Glucose Lowering Agents in T2DM
Unit 2: Complications of Diabetes
Unit 3: Diabetes as Cardio-Metabolic Syndrome

WORKSHOP

Case Studies:

- Heart Failure
- Oral Glucose Lowering Agents in T2DM

SPEAKERS

Dr Goh Su-Yen

Head & Senior Consultant, Department of Endocrinology,
SGH

Assoc Prof (Adj) Daniel Chew

Head & Senior Consultant, Endocrine and Diabetes,
TTSH

Dr Khoo Chin Meng

Head & Senior Consultant, Division of Endocrinology, NUH

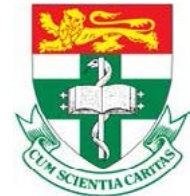
■ **SEMINAR** (2 Core FM CME points)
Seminar • Unit 1 - 3: Sat, 26 Jan (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)
Sat, 26 Jan (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis.
Seats are limited.
Please register by 14 Jan 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
AstraZeneca Singapore Pte Ltd, organised by **College of
Family Physicians Singapore**.



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

REGISTRATION

Diabetes Mellitus Update

Please tick (✓) the appropriate boxes

**FREE
REGISTRATION
for College
Members!**

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

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