

New Updates in Asthma

Sat, 21 September 2019: 2.00pm - 5.30pm

NTUC Centre, No 1, Marina Boulevard Level 7,
Stephan Riady Auditorium @ NTUC
One Marina Boulevard, Singapore 018989



TOPICS

Unit 1: Pathogenesis and Diagnosis
Unit 2: Management
Unit 3: Spirometry

WORKSHOP

Spirometry Demo

SPEAKERS

Dr Adrian Chan
Consultant, Respiratory and Critical Care Medicine, SGH
Dr Lim Hui Fang
Consultant, Respiratory and Critical Care Medicine, NUH
Dr Esther Pang
Consultant, Respiratory and Critical Care Medicine, TTSH
Adj Asst Prof Tan Tze Lee
President of College of Family Physicians Singapore

- **SEMINAR** (2 Core FM CME points)
 - Unit 1 - 3: Sat, 21 Sept (2.00pm - 4.00pm)

- **WORKSHOP** (1 Core FM CME point)
 - Sat, 21 Sept (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis. Seats are limited. Please register by 11 Sept 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 MCQs. 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

Asthma as Inflammation Disease

FREE REGISTRATION for College Members!

Please tick (✓) the appropriate boxes

	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 (MCQs 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