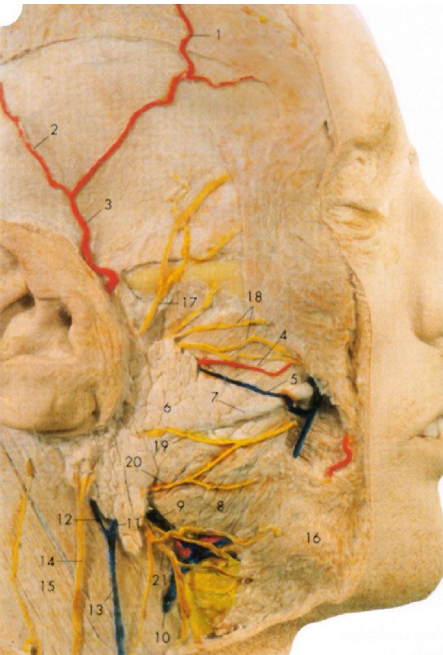




Announcing the 2nd NUH HUMAN CADAVER DISSECTION COURSE



on

AESTHETIC OCULO-FACIAL SURGERY / ENDO-DCR

Date: June 9th(Friday) 2006

Venue: STAR LAB

NATIONAL UNIVERSITY HOSPITAL, SINGAPORE

Registration: Limited to first 20 registrants

Featuring:

Visiting Expert: Dr Geoffrey J Gladstone, MD, FAACS
Ophthalmic & Facial Plastic Surgeon,
Michigan, USA

Highlights:

- Demonstration of Eyelid & Facial Anatomy including surgical landmarks
- Demonstration of Endoscopic and Open Techniques of Brow lift, Blepharoplasty, Face lift
- Endoscopic DCR
- All Ophthalmologists, Facial Plastic, Maxillofacial & ENT Surgeons are invited

Early Bird (by April 30, 2006)

| | |
|--------------|--------|
| Trainees: | S\$600 |
| Specialists: | S\$800 |

Late Registration (after April 30, 2006)

| | |
|---------------|---------|
| Trainees: | S\$800 |
| Non-Trainees: | S\$1000 |

A Teaching Course brought to you by

The Division of Ophthalmic Plastic & Reconstructive Surgery, Dept of Ophthalmology, National University Hospital, Singapore

For more details please contact : Ms Valerie, Dept of Ophthalmology, National University Hospital, Singapore Tel: (65) 67725318, Fax: (65) 67777161 or e-mail: valerie_ng@nuh.com.sg

• CME points will be awarded •





REGISTRATION FORM

Please complete the following details

Name : _____
Designation : _____
Contact No. : (Pgr) _____
(Office) _____

NRIC/FIN No/Passport No.: _____
Email: _____
Hospital & Dept: _____
MCR No. (if any) _____

Registration Fees in SGD DOLLARS

Please tick accordingly

On or Before April 30, 2006

Resident or Trainees/Fellow:

SGD 600

Others:

SGD 800

After April 30, 2006

Resident or Trainees/Fellow:

SGD 800

Others:

SGD 1000

Resident / Trainee Declaration

I certify that during 2006 the above individual will have full-time student / training status.

Supervisor Signature

Printed Name / Title

Institution / Department

PAYMENT OPTIONS

Crossed Cheque / Bank Draft Enclosed (Payable to NATIONAL UNIVERSITY HOSPITAL (S) PTE LTD in Singapore Dollars)

Bank Name : _____

Cheque No / Bank Draft No: _____

Contact : Ms Valerie, Dept of Ophthalmology, National University Hospital, Singapore Tel: (65) 67725318, Fax: (65) 67777161 or e-mail: Valerie_Ng@nuh.com.sg

Mailing Address: Department of Ophthalmology, National University Hospital, 5 Lower Kent Ridge Road, Singapore 119074 • **CME points will be awarded** •