

## 3rd NUH HUMAN CADAVER DISSECTION COURSE

on

# OCULO-FACIAL SURGERY & ENDOSCOPIC DCR

Date: Friday, 3<sup>rd</sup> August, 2007

Venue: STAR LAB, NATIONAL UNIVERSITY HOSPITAL, SINGAPORE

**Registration: limited to 20 delegates only**

Featuring

Visiting Expert: Dr Jane Olver  
Oculofacial & Lacrimal Surgeon, UK

Host faculty:

Shantha Amrith - Singapore  
Gangadhara Sundar - Singapore  
Passorn Preechawai - Thailand

Highlights

Browlifts

Blepharoplasty

Endo DCR and Balloon Dacryoplasty

Open to all Ophthalmologists, Plastic, Maxillo-facial & ENT Surgeons

Early Bird (by Jun 30, 2007)

Trainees:	USD 500 / SGD 800
Non-trainees:	USD 625 / SGD 1000

Late Registration (after Jul 01, 2007)

Trainees:	USD 625 / SGD 1000
Non-Trainees:	USD 750 / SGD 1200

- APSOPRS members will be eligible for S\$100 Discount upon producing valid active membership
- Free registration for 'Expanding Horizons and Current Concepts on Oculofacial Surgery' – Symposium on Aug 4, 2007

A Teaching Course brought to you by  
The Division of Ophthalmic Plastic & Reconstructive Surgery, NUH Eye Surgery Centre,  
National University Hospital, Singapore.

For more details please contact : Ms Valerie at Tel: (65) 67725318, Fax: (65) 67777161 or e-mail:  
[valerie\\_ng@nuh.com.sg](mailto:valerie_ng@nuh.com.sg)

• CME points will be awarded •

## REGISTRATION FORM

### Please complete the following details

Name : \_\_\_\_\_ NRIC/FIN No/Passport No.: \_\_\_\_\_  
Designation : \_\_\_\_\_ Email: \_\_\_\_\_  
Contact No. : (Pgr) \_\_\_\_\_ Hospital & Dept: \_\_\_\_\_  
(Office) \_\_\_\_\_ MCR No. (if any) \_\_\_\_\_

### Registration Fees

Please tick  accordingly

#### On or Before Jun 30, 2007

##### **Resident or Trainees/Fellow:**

USD 500 / SGD 800

##### **Others:**

USD 625 / SGD 1000

#### After Jul 1, 2007

##### **Resident or Trainees/Fellow:**

USD 625 / SGD 1000

##### **Others:**

USD 750 / SGD 1200

#### Resident / Trainee Declaration

I certify that during 2007 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](mailto:Valerie_Ng@nuh.com.sg)

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