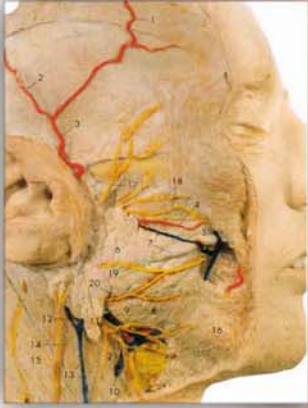


**ANNOUNCING THE
3RD NUH OCULOPLASTIC DISSECTION COURSE
ON**

**OCULO-FACIAL SURGERY &
ENDOSCOPIC DCR**



3 August 2007

STAR Lab

National University Hospital

Main Building 1, Basement

Singapore

Registration limited to first 20 Delegates only

Open to all Ophthalmologists, Plastic,

Maxillo-facial & ENT Surgeons

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

Registration Fees

Early Bird (by 30 June 2007)

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

Late Registration (after 1 July 2007)

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

APSOPRS members will be eligible for USD 63 / SGD 100 Discount

Free registration for 'Current Concepts & Expanding Horizons on Oculo-Facial Surgery' – Symposium on 4 August 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 Ng at Tel: (65) 67725318, Fax: (65) 67777161 or

E-mail: Valerie_Ng@nuh.com.sg

• CME points will be awarded •

**3RD NUH OCULOPLASTIC DISSECTION COURSE
ON**

**OCULO-FACIAL SURGERY &
ENDOSCOPIC DCR**

REGISTRATION FORM

I would like to register for the 3rd NUH Oculoplastic Dissection Course on Oculo-Facial Surgery & Endoscopic DCR on 3 August 2007.

On or Before 30 June 2007

Resident or Trainees/Fellow USD 500 / SGD 800

Non-Trainees USD 625 / SGD 1000

After 1 July 2007

Resident or Trainees/Fellow USD 625 / SGD 1000

Non-Trainees USD 750 / SGD 1200

Name: _____

Designation: _____ **MCR No. (If Any):** _____

Insitution: _____

Mailing Address: _____

Country: _____ **Postal Code:** _____

Email: _____

I would also like to register for the symposium on Current Concepts & Expanding Horizons on Oculo-Facial Surgery.

Payment Options

Crossed Cheque / Bank Draft Enclosed

(Payable to NATIONAL UNIVERSITY HOSPITAL (S) PTE LTD)

Bank Name : _____

Cheque No / Bank Draft No: _____

**Please mail your payment to Department of Ophthalmology,
National University Hospital, Main Building 1 Level 3, Singapore 119074
and fax the completed registration form to 6777-7161.**

**Please fax a copy of the APSOPRS membership card to the above fax
number to be eligible for USD 63 / SGD 100 discount.**