

# Asthma Update 2008

## Family Practice Skills Course 28

- Unit 1 Updates in Asthma Management  
Dr Kong Po Marn
- Unit 2 Management of Paediatric Asthma  
Dr Anne Goh
- Unit 3 Wheezing in the Elderly: Asthma or COPD?  
Dr Ong Kian Chung
- Unit 4 Asthma Control (ACT and ACE)  
A/Prof Goh Lee Gan
- Unit 5 Occupational Asthma  
Dr Lee Lay Tin
- Unit 6 Preventive Treatment - Allergens & Asthma  
A/Prof Lee Bee Wah



Date: 19 & 20 July 2008

Time: 2.00pm - 6.45pm

Venue: MOH Auditorium, College of Medicine Building

Due to limited seats available, please register by 14 July 2008 to avoid disappointment.

### □ SEMINARS (2 Core FM CME Points for each seminar)

**Seminar 1: Sat, 19 July 2008** (2.00pm - 4.15pm)

- Unit 1, Unit 2, Unit 3

**Seminar 2: Sun, 20 July 2008** (2.00pm - 4.15pm)

- Unit 4, Unit 5, Unit 6

### □ WORKSHOP (2 Core FM CME Points)

**Workshop: Sat, 19 July 2008** (4.30pm - 6.45pm)

- Case Studies on Asthma Control: PEF, Spirometry, ACT
- Practical Skills: Inhaler Techniques, Smoking Cessation

\*Workshop is held only on Day 1 (Saturday). Registration of workshop is on first come first served basis. Limited seats available.

### □ DISTANCE LEARNING MODULE

(6 Core FM CME Points upon completing the MCQ Assessment)

- Read 6 Units of study materials in the Singapore Family Physician Journal and pass the MCQ Assessment.

The development of this Family Practice Skills Course is supported by an educational grant from **GlaxoSmithKline**.



## REGISTRATION

### ASTHMA UPDATE 2008 Course Registration Form

Please tick (✓) the appropriate boxes

	College Member	Non Member
Seminar 1 (Sat)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 20.00
Seminar 2 (Sun)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 20.00
Workshop (Sat)	<input type="checkbox"/> FREE	<input type="checkbox"/> \$ 40.00
Distance Learning (Journal)	FREE	<input type="checkbox"/> \$ 40.00
	<b>TOTAL</b>	

Name: Dr \_\_\_\_\_

MCR No: \_\_\_\_\_

(For GDFM Trainee)  2007 Intake  2008 Intake

Mailing Address:

(Please indicate:  Residential  Practice Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Note: The College reserves the right to change details of the programme with or without prior notice. For any possible update or important announcement from the College, please kindly check your email before attending the course. Thank you.

I attached 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 course is conducted OR official receipt issued (whichever is earlier).

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**