



Singapore National Eye Centre

A member of SingHealth

ESSENTIAL OCULOPLASTIC PROCEDURES (Step-by-Step)

2nd - 3rd October 2009 (Fri - Sat)

VENUE:

SNEC Auditorium

TARGET AUDIENCE:

Ophthalmology Trainees / Residents
General Ophthalmologists

CLOSING DATE FOR REGISTRATION:

18th September 2009

COURSE FEE:

Trainees (S\$80)

Ophthalmologists (S\$150)

ESSENTIAL OCULOPLASTIC PROCEDURES (Step-by-Step)

The Oculoplastic Team at the Singapore National Eye Centre presents a comprehensive workshop for the general ophthalmologists keen to embark on or to further refine basic oculoplastic procedures.

Residents in training will also find this course useful as it demonstrates, step-by-step, patient clinical assessment and the thought processes involved in deciding which procedure is most appropriate for the patient. Topics covered include ptosis repair from different approaches, entropion repair, epiblepharon surgery, dacryocystorhinostomy and upper and lower lid blepharoplasty.

Our faculty includes Dr Hirohiko Kakizaki from Japan and specialists from SNEC and other eye institutes in Singapore. An emphasis on video demonstrations is planned to augment the learning experience. In addition, live surgery and a videofest on the second day of the workshop will allow all to acquire the essential knowledge and skills needed to perform basic oculoplastic procedures.

HOW TO REGISTER (Closing Date: 18th September 2009)

Complete this form in CAPITAL letters and mail it with the appropriate payment details to:

THE ORGANISING SECRETARIAT Essential Oculoplastic Procedures (Step-by-Step)

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Singapore National Eye Centre

Human Resource Department (Level 7)

11 Third Hospital Avenue | Singapore 168751

Fax: (65) 6227 7290 | email: registration@snecc.com.sg

All cheques and drafts are to be made payable to SINGAPORE NATIONAL EYE CENTRE in Singapore Dollars.

PERSONAL PARTICULARS

Title (Please tick) Prof Dr Mr Mdm Ms

First Name _____ Middle Initial _____ Family Name _____

Designation _____ Institution _____

Address _____

City _____ Country _____ Postal Code _____

Tel No _____ Fax No _____ Email _____