



SMA Seminar: Tax Obligations of a Medical Practice

Date: 3 March 2012, Saturday
Venue: Arthur Lim Auditorium
 Level 2, Alumni Medical Centre
 2 College Road, Singapore 169850

In collaboration with:



Number of CME points: Pending approval from the Singapore Medical Council

To register, visit http://www.sma.org.sg/tax_obligations or fill in the form below.
 (You may bring along one staff to the seminar or register your staff to attend on your behalf.)

PROGRAMME

2.00 pm	Registration and Light Refreshments
2.30 pm - 5.00 pm	<p>Topics to be covered:</p> <ul style="list-style-type: none"> • Basic Tax Understanding • Tax Obligations of a Self Employed • Tax Obligations of a Company • Productivity and Innovation Credit Scheme • GST Requirements and Issues • Common Errors Noted in the Audit of Medical Practitioners • Questions and Answers • Discussion on Budget 2012

Please attach this slip when making payment. Kindly fax your credit card details/mail your cheque to **Ms Loy Mong Shi, Singapore Medical Association, Level 2, Alumni Medical Centre, 2 College Road, Singapore 169850. Fax: 6224 7827.** Registration is not confirmed until payment is received. A confirmation email will be issued to all applicants (doctors).

I would like to: *(please tick accordingly)*

- Register myself for the seminar (complimentary for SMA members, \$50 for non-members)
 Register my staff to attend on my behalf (complimentary for SMA members, \$50 for non-members)
 Register both myself and my staff for the seminar (complimentary for SMA members, a total of \$60 for non-members)

Type of business: *(please tick accordingly)*

- Sole proprietorship Partnership Company

Name of Doctor: _____ Handphone No.: _____

Email: _____ Specialty: _____

MCR No: _____ SMA Member: YES / NO *(please circle accordingly)*

Name of staff I would like to register for: _____

Mode of Payment

Credit Card
 VISA/MasterCard No.: _____

Expiry Date: _____ / _____ CVV2/CVC2 No.: _____

Cheque *(payable to Singapore Medical Association)*

Bank: _____ Cheque No.: _____