



Taking the Plunge – Going into Private Practice Symposium

Date: 12 April 2014, Saturday

Time: 1 pm - 5.30 pm

Venue: Furama Riverfront Singapore, Venus 1 & 11 (Level 3)

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

To register, fill in the form below or visit <http://www.sma.org.sg/academy>.



PROGRAMME

1 pm	Registration, Lunch and Networking	3.30 pm	Questions and Answers
2 pm	Welcome Address	3.45 pm	Tea Break
2.15 pm	Take Your Pick The Preferred Legal Structure for Your Business	4.15 pm	Why You Went to Medicine Instead of Commerce Managing Your Finances – A Personal Journey of Setting Up a Specialist Private Practice - <i>Dr Ho Kok Sun, Ho Kok Sun Colorectal Pte Ltd</i>
2.40 pm	Rules of the Game Legislative Requirements – PHMC Act, Poison Act, etc - <i>Dr Raymond Chua, Group Director, Health Products Regulatory Group, Health Sciences Authority</i>	4.45 pm	Digging in for the Long Haul The GP Experience – Overheads, Rents, Staff, IT, Inventory, Locums, Managed Care and Contracts - <i>Dr Wong Tien Hua, 1st Vice President, SMA & General Practitioner, Mutual Healthcare Clinic</i>
3.05 pm	Being Seen in the Scene Advertising and Publicity - <i>Dr Tan Sze Wee, SMA Council Member & Chairman, Executive Committee, Advertising Standards Authority of Singapore</i>	5.15 pm	Questions and Answers
		5.30 pm	End

Please attach this slip when making payment for for Taking the Plunge – Going into Private Practice Symposium. Send your credit card details/email your cheque to **Denise Tan, Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850. Tel: 6223 1264, fax: 62247827 or email: denisetan@sma.org.sg**. A confirmation email will be issued to all applicants.

Name: _____ Handphone No.: _____

Email: _____ Profession/Specialty: _____

MCR No.: _____ SMA Member: Yes / No (please circle accordingly)

Registration fees (inclusive of GST):

SMA member: complimentary

Non-member: \$220

Mode of payment

Credit Card

VISA/MasterCard No.: _____ - _____ - _____ - _____

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

Cheque (payable to Singapore Medical Association)

Bank: _____ Cheque No.: _____

Signature: _____ Date: _____

