

## Alumni Continuing Medical Education Program

The CME for May and June 2014 programme are listed below. The rate for the CME will be adjusted to \$6/- for members and \$15 for non-members from June 2014 onwards.

Please register with the Alumni Office – tel: 62234680, fax: 62248374, [admin@medicalalumni.org.sg](mailto:admin@medicalalumni.org.sg)

Title: Upper gastrointestinal symptoms – not improving, now what?  
Speaker: Dr Chua Tju Siang  
Date: 15<sup>th</sup> May 2014 ( 3<sup>rd</sup> Thursday)  
Time: 12 noon to 2pm  
Venue: Alumni Theatre  
Fee: Alumni member @ \$5, Guest @ \$14  
Registration: [admin@medicalalumni.org.sg](mailto:admin@medicalalumni.org.sg) ; Tel: 62234680; Fax: 62248374

Dr Chua Thu Siang graduated from the University of Glasgow in 1995, obtained is MRCP (Internal Medicine, UK) in 1998 and was accredited as a Gastroenterologist by the Ministry of Health, Singapore in 2002. He was among the first few gastroenterologists in the region to be comprehensively trained in Endoscopic Ultrasound (EUS), which he did at the University of Montreal in 2003. Dr Chua has published widely and received several international awards.

Title: Coroner Act 2010 and death certification.  
Speaker: A/Prof Lai Siang Hui  
Date: 19<sup>th</sup> June 2014 ( 3<sup>rd</sup> Thursday)  
Time: 12 noon to 2pm  
Venue: Alumni Theatre  
Fee: Alumni member @ \$6, Guest @ \$15  
Registration: [admin@medicalalumni.org.sg](mailto:admin@medicalalumni.org.sg) ; Tel: 62234680; Fax: 62248374

A/Prof Lai Siang Hui graduated from the NUS in 1995, MRC Path (UK) & DMJ (Pathology) in 2004 FRC Path (UK) 2008. Prior to joining the Department of Pathology, Singapore General Hospital, A/Prof Lai was Consultant Forensic Pathologist at the Health Sciences Authority Singapore, where he Head the Research and Training & Education. He is currently Pathology Residency Director at SingHealth and holds teaching positions at various local universities.

### Registration

The Hon Secretary  
Alumni Association  
2, College Road  
Singapore 169850

Member's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
HP: \_\_\_\_\_

Please register me for the CME for 15/5/2014 and/ or 19/6/2014  
I attached my payment \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_