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# The Masterclass Skills Programme 2010

# Orthopaedic Disorders in Primary Care

First launched in 2009, the Orthopaedic Workshop helmed by **Associate Professor Dr Tai Cheh Chin** presented a uniquely-designed interactive programme tailored specifically for primary care physicians.

Once again, a select panel of orthopaedic surgeons will take participants through a lively mix of lecture and hands-on sessions aimed at maximizing the learning experience.

### Update in Back Pain Management

Breakout session: Assessment of Lower Back Pain  
Dr Saw Lim Beng

### Management of Arthritic Patients

Breakout session: Knee Assessment and Injection  
Assoc Prof Dr Tai Cheh Chin

### Treatment for common trauma and sport injuries

Breakout session: Application of Plaster of Paris and Splints for Trauma Management  
Dr Chua Yeok Pin

**Venue:** Armada Hotel, Petaling Jaya

**Date:** Sunday, 18 April 2010

**Closing date:** Wednesday, 14 April 2010 (For registration and payment)

Places are limited to 50 participants. CME points will be awarded.

(PCC Orthopaedic 14 April 2010 MT)



## REGISTRATION FEE

**RM250 per course (includes light breakfast and lunch)**

Please indicate your preference:  Vegetarian  Non-vegetarian

## Payment Details:

Cheque no. \_\_\_\_\_ totaling RM \_\_\_\_\_ payable to **UNITED MEDICA SDN BHD.**

Credit card  Mastercard  Visa

Card no: \_\_\_\_\_

Card expiry date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*An official receipt will be issued along with a letter of confirmation.*

Please complete the registration form (original or photocopy) and return it along with payment to **UNITED MEDICA SDN BHD 5/F, Tower 2, Wisma MCIS Zurich, Jalan Barat, 46200 Petaling Jaya, Selangor.** Credit card payments are accepted via fax **03 7958 7853.** For further information, please contact Ms Sara at **03 7954 2910.**

## Personal Details

Name (Dr/Mr/Mrs/Ms): \_\_\_\_\_

IC number (New): \_\_\_\_\_

Practice Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number (Mobile/Home/Office): \_\_\_\_\_

Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of practice:  GP  Specialist  Other (Please specify) \_\_\_\_\_

## Terms and conditions:

1. All payments must be made in Malaysian Ringgit. 2. Payment is non-refundable. 3. Registration forms and payments must reach **UNITED MEDICA SDN BHD** by **14 April 2010.** 4. Registration is confirmed upon participants' receipt of confirmation letter issued by **UNITED MEDICA SDN BHD.** 5. Certificate of attendance will be awarded upon completion of the course.

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