

CERTIFICATE COURSE ON PRACTICAL ANDROLOGY 2016

Amara Hotel Singapore (165 Tanjong Pagar Rd, S088539)

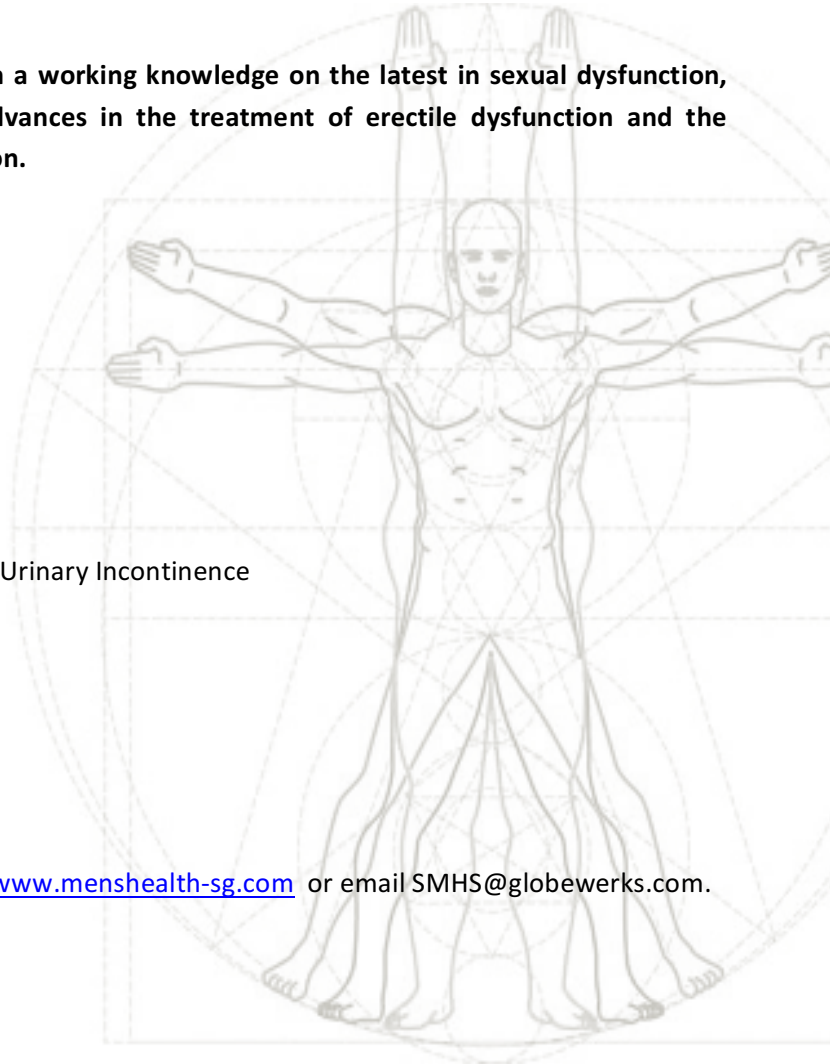
23 – 24 April 2016

This annually-run course aims to equip GPs with a working knowledge on the latest in sexual dysfunction, including sexual dysfunction counseling and advances in the treatment of erectile dysfunction and the exciting new treatments for premature ejaculation.

The programme will focus on:

- Premature Ejaculation
- Peyronie's Disease
- Erectile Dysfunction
- Post-prostatectomy Erectile Dysfunction & Stress Urinary Incontinence
- Testosterone Replacement Therapy
- Subfertility
- Sexology

For more information, please visit our website at www.menshealth-sg.com or email SMHS@globewerks.com.



Joint Certification of Achievement to be awarded by:



Society for Men's Health



REGISTRATION FORM

Personal Information

(* Compulsory fields)

Salutation* Dr Prof Others: _____

First Name* Last Name*

Clinic* Job Title*

Address*

Postal / Zip Code Country

Email*

Telephone

Dietary Requirement None Vegetarian *Note: All meals served do not contain pork and lard.*

I would like to register as (Please):

Registration Type	Early Bird Register by 29 Feb	Regular Register from 1 Mar – 20 Apr
<input type="checkbox"/> Member	S\$350.00	S\$400.00
<input type="checkbox"/> Non-Member – course fee includes one year membership fee to the Society for Men's Health, Singapore.	S\$400.00	S\$450.00

I would like to pay via (Please tick one):

Cheque / Bank Draft (For Singapore delegates only)

Please issue payment in favour of " **SOCIETY FOR MEN'S HEALTH SINGAPORE** " and post to the address below.

Androcourse 2016 Secretariat (c/o Globewerks International Pte Ltd)

28 Sin Ming Lane, Midview City, #05-143, Singapore 573972

Note: Please write "Androcourse 2016" and the delegate's name at the back of the cheque/bank draft.

Bank Transfer

Please issue payment in favour of:

Bank : DBS
Account Name : Society for Men's Health, Singapore
Account Number : 029-018191-8

Notes: 1. Please note that payee should bear all bank charges.
2. Please send a scanned copy of the receipt of payment to SMHS@globewerks.com for verification.

Signature : _____ Date : _____