

WORKSHOP

# CONSENT IN INTERVENTIONAL RADIOLOGY

SATURDAY, 27 JULY 2013 | 1:00 PM - 5:00 PM | NATIONAL NEUROSCIENCE INSTITUTE (B1)



**Some recent events and judgements in informed consent have caused anxiety in the medical world. In the current climate of uncertainty, how does it apply to consent in radiology?**

- **What are some of the issues for medical professionalism?**
- **Are there lurking pitfalls for the unwary?**
- **Will it impact your practice or is this merely a storm in a teacup?**

*Organised by*



Academy of Medicine,  
Singapore



College of Radiologists,  
Singapore

## Workshop Faculty

### **Dr Tchoyoson Lim**

PRESIDENT, COLLEGE OF RADIOLOGISTS, SINGAPORE

### **Dr Luke Toh**

CONSULTANT, KK WOMEN'S AND CHILDREN'S HOSPITAL

### **Dr Terence Teo**

CONSULTANT, PARKWAYHEALTH RADIOLOGY

### **Mr Eric Tin**

HEAD, LITIGATION & DISPUTE RESOLUTION PRACTICE, DONALDSON & BURKINSHAW

### **Dr T Thirumoorthy**

CENSOR-IN-CHIEF, ACADEMY OF MEDICINE, SINGAPORE

This entire session will be accredited with **2 CME points** by the SMC. All sessions must be attended to claim the 2 points.

Kindly register your interest and enquiry to email: [crs@ams.edu.sg](mailto:crs@ams.edu.sg) by the **19 July 2013**.

*(To register, please use Registration Form enclosed herein)*

WORKSHOP  
**CONSENT IN INTERVENTIONAL RADIOLOGY**

27 July 2013  
 National Neuroscience Institute (B1)

**REGISTRATION FORM**

Consent in Interventional Radiology Secretariat  
 Academy of Medicine, Singapore, 81 Kim Keat Road, #12-00, NKF Centre, Singapore 328836  
 Tel: (65) 6593-7868 Fax: (65) 6593-7880 E-mail: crs@ams.edu.sg

REGISTRANT INFORMATION (PLEASE PRINT IN CAPITAL LETTERS)			
<input type="checkbox"/> Prof <input type="checkbox"/> Assoc Prof <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
<b>Surname/Family Name</b>		<b>First Name/Other Name</b>	
<b>Designation</b>		<b>Department</b>	
<b>Institution/Organisation</b>			
<b>Address</b>			
<b>City</b>		<b>State/Province</b>	
<b>Postal Code</b>		<b>Country</b>	
<b>Tel</b>		<b>Mobile</b>	
<b>Fax</b>		<b>Email</b>	
<b>MCR No (local doctors)</b>		<b>Name to appear on Certificate of Attendance</b>	

**REGISTRATION FEES**

EARLY BIRD RATE	Received and paid on/before 15 July 2013
<b>F1</b> Fellows of AMS (FAMS)	<input type="checkbox"/> S\$ 50.00
<b>F2</b> Ordinary Members, AMS (OMAMS)	<input type="checkbox"/> S\$20.00
<b>F3</b> Non-FAMS	<input type="checkbox"/> S\$100.00
<b>F4</b> Non-OMAM Residents & Trainees	<input type="checkbox"/> S\$50.00

REGULAR RATE	Received and paid after 15 July 2013
<b>F1</b> Fellows of AMS (FAMS)	<input type="checkbox"/> S\$70.00
<b>F2</b> Ordinary Members, AMS (OMAMS)	<input type="checkbox"/> S\$30.00
<b>F3</b> Non-FAMS	<input type="checkbox"/> S\$120.00
<b>F4</b> Non-OMAM Residents & Trainees	<input type="checkbox"/> S\$60.00

<b>TOTAL PAYMENT DUE</b>	<b>S\$</b>
--------------------------	------------

WORKSHOP  
**CONSENT IN INTERVENTIONAL RADIOLOGY**

27 July 2013

National Neuroscience Institute (B1)

**PAYMENT OPTIONS (Select one) - Payment of registration fee MUST accompany this form**

Bank Draft/ Singapore cheque enclosed

(Payable to "Academy of Medicine, Singapore" in Singapore Dollars). All bank charges must be paid at source.

Visa

Mastercard

I hereby authorize Academy of Medicine, Singapore to charge my credit card for the total payment due.  
Please note that "Academy of Medicine, Singapore" will appear on your bank statement.

Total Payment Due

Card Number

Expiry Date (MM/YY)

CVV Number

(\*3 digit number on the rear  
side of your credit card)

Name of  
Cardholder  
(Please write in  
BLOCK LETTERS)

Signature (as per credit card)

**Additional Information**

- Payment must accompany this form. **A purchase order will not be accepted.**
- To avoid duplicate registrations, do not mail the original Registration Form if you fax the Form or register online.
- For information on your registration, please contact [crs@ams.edu.sg](mailto:crs@ams.edu.sg) or Tel: (65) 6593-7868

**Cancellations & Refunds**

- Notification of cancellation and request for refund must be submitted in writing to the Congress Secretariat.
- The following cancellation and refund policies will apply:  
**Before 1 June 2013:** Full refund of prepaid fees except for an administration charge of **SGD\$10.00.**  
**1 June – 30 June 2013:** 50% refund of registration fee  
**After 30 June 2013:** No Refund.
- **All refunds will be processed after the workshop.**
- Name Substitution: Applicants unable to attend the workshop may send an alternate, i.e. single institution only, Substitution request must be submitted in writing to the Secretariat by **30 June 2013.**

**Agreement to Terms and Conditions:**

I wish to register for the Consent in Interventional Radiology Workshop and acknowledge the registration terms including the cancellation policy.

Signature of Registrant

Date