



# ACADEMY OF MEDICINE, SINGAPORE

PATRON: PRESIDENT OF THE REPUBLIC OF SINGAPORE

## CALL FOR SPONSORSHIP/ EDUCATIONAL GRANT

### 1. OVERVIEW & OBJECTIVE

The College of Surgeons, Singapore (CSS)-Chapter of Otorhinolaryngologists, plans to organize a Dinner Lecture, on the topic '**Biologics in Treatment of Chronic Rhinosinusitis with Nasal Polyps**'. The Chapter is delighted to invite sponsorship/educational grant for this event. It is hoped that the exposure and programme will be of mutual benefit and we look forward to co-operating with your company to make this event a successful and impactful one.

### 2. FRAMEWORK FOR PROPOSED COURSE

Organizer/s	College of Surgeons, Singapore (CSS)-Chapter of Otorhinolaryngologists and Academy of Medicine, Singapore (AMS)
Co-organizer/s	NA
No. of talks	1
Duration & Schedule:	<b>2 hr (inclusive of dinner)</b> <b>Date: 6 May 2024</b>
Mode:	Physical/In-person
Target Audience:	Fellows of the Academy of Medicine Singapore (AMS), especially Ear, Nose & Throat (ENT) specialists from Chapter of Otorhinolaryngologists. (~30 to 40 pax)
Programme	See Annex A

### 3. ORGANISERS' OBLIGATIONS

Programme:	To develop, produce and host the course
Secretariat Support & Admin:	Provide secretariat support in the followings: Source for venue; Organise and facilitate the course; Co-ordinate and manage registration of participants; Attend to CME/CPE accreditation and submission of CME/CPE attendance.

#### 4. OPPORTUNITIES FOR SPONSOR

Sponsorship: Sponsor will endow a sponsorship amount of \$8,000 (subject to prevailing GST) to cover cost of organizing and running the course, technical and manpower support, and processing of CME accreditation and credits.

Refer to Sponsorship Form as enclosed at the last page.

Registration: Free

Benefits/mileage

1. Sponsors will be recognized and named as the sponsor in programme marketing materials.
2. Acknowledgement of sponsor during the event.
3. Set up Sponsor Booth at Event Venue / Designate one speaker for presentation of an educational (CME) topic (subject to College's approval)

Closing Date: 5 April 2024

Note: Sponsor shall have no influence over the CME programme.

#### 4. EXPRESS OF INTEREST

Contact: If you would like to sponsor for the course or require more details, please contact College Secretariat :  
Ms Ng Hui Hui, Email: [ng.huihui@ams.edu.sg](mailto:ng.huihui@ams.edu.sg)

#### Annex A:

#### **Preliminary Programme Outline – to be confirmed**

<b>6.00pm to 7.00pm</b>	<b>Chapter Annual General Meeting (AGM) – to be attended by Chapter Members only</b>
<b>7.00pm to 9.00pm</b>	<b>Lecture by Prof Wang De Yun 4-Course Western Dinner will be served</b>



Chapter of  
Cardiothoracic Surgeons

# ACADEMY OF MEDICINE, SINGAPORE COLLEGE OF SURGEONS, SINGAPORE

## CHAPTER OF OTORHINOLARYNGOLOGISTS

81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836

Tel: (65) 65937800 Fax: (65) 65937880



Academy of Medicine,  
Singapore

### SPONSORSHIP FORM

#### COMPANY PARTICULARS

Name of Company: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### SPONSORSHIP TYPE

We are pleased to confirm our support for the Dinner Lecture, jointly organised by Academy of Medicine, Singapore (AMS) and College of Surgeons, Singapore-Chapter of Otorhinolaryngologists scheduled for 6 May 2024:

**Sponsor/Educational Grant** **S\$8,000** (subject to prevailing GST)

Entitlement:

- Acknowledgement as "Event Sponsor" with logo inclusion in all relevant event collaterals
- Join the Event/Set up Sponsor Booth at Event Venue

#### PAYMENT ADVICE

Payment Method: Please tick the payment method as below

	<b>BANK DRAFT OR CHEQUE</b> (Drawn on a local bank made payable to "ACADEMY OF MEDICINE, SINGAPORE")
	<b>CREDIT CARD – VISA OR MASTERCARD ONLY</b>
	<b>BANK TRANSFER</b> Bank Name: THE DEVELOPMENT BANK OF SINGAPORE Bank Address: 12 Marina Boulevard, Tower 3, level 6, Marina Bay Financial Centre, Singapore 018982 Beneficiary Name: ACADEMY OF MEDICINE, SINGAPORE Beneficiary Account: 003-904280-9

**Payment shall be made upon issue of invoice from Academy of Medicine, Singapore**

\_\_\_\_\_  
Name and Signature of Authorised  
Representative

\_\_\_\_\_  
Company Stamp

\_\_\_\_\_  
Date

Please return completed form to the Secretariat via email: [nq.huihui@ams.edu.sg](mailto:nq.huihui@ams.edu.sg)