The College of Paediatrics & Child Health, Singapore (CPCHS)
cordially invites you to a

Combined Neonatal Update

'Therapeutic Hypothermia for Hypoxic Encephalopathy'

Day/Date:	**Saturday (18 February 2012).**
Time:	**1400 hours.**
Venue:	**Dunearn 1 (Level 1), Raffles Town Club** **1 Plymouth Avenue, Singapore 297753.**
Chairperson:	**Clin A/Prof Victor Samuel Rajadurai** **Head & Senior Consultant, Department of Neonatology** **KK Women's & Children's Hospital.**

PROGRAMME

1300 hours	Buffet Lunch & Registration (Foyer Area/Dunearn 1).
1400 hours	Welcome Address by Chairperson (Tea will be served in the Foyer Area /Dunearn 1).
1405 hours	Case Presentations by Departments of Neonatology of KK Women's & Children's Hospital, National University Hospital & Singapore General Hospital.
1505 hours	Guest Lecture 1 - 'Therapeutic Hypothermia for HIE'. *Dr Joseph Manuel GOMEZ* *Senior Consultant & Head, Neonatal Intensive Care Unit (NICU)* *KK Women's & Children's Hospital.*
1535 hours	Guest Lecture 2 – 'Autologous Cord Blood Transfusion for HIE'. *A/Prof LEE Jiun* *Senior Consultant & Head, Department of Neonatology, UCMI, NUHS.*
1550 hours	Question & Answer.
1620 hours	End.

Supported through an Educational Grant from:

Abbott A Promise for Life · gsk GlaxoSmithKline · MSD · Pfizer

This event will be accredited with 2 CME Core Points in Neonatology & Paediatric Medicine by SMC (*pending approval*).

A/Prof Daisy K L Chan
Honorary Secretary
2011-2012 Council.

18 February 2012.

The College of Paediatrics & Child Health, Singapore (CPCHS)

REPLY FORM

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Time: 1400 hours.

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Raffles Town Club, 1 Plymouth Avenue

Singapore 297753.

Please R.S.V.P. by 11 February 2012 for catering purposes.

C/o: Ms Shanita Nadarajan (CPCHS Secretariat),

Tel: (DID: 6593 7805); E-Fax: (6593 7880) or

E-mail: cpchs@ams.edu.sg

(*Please tick accordingly)

( ) I will attend the Lunch/Tea & Update Session.*
( ) I will attend the Update Session only.*
( ) I send my apologies.*

Name: _____ **MCR No:**_____

Address: _____

Tel: _____ **Fax:** _____ **E-mail:** _____