

Closing Date: 6 September 2010



SMA GOLF TOURNAMENT 2010

New Date: Wednesday, 22 September 2010
 Venue: Island Course, Singapore Island Country Club
 Time: From 12.30pm



This is the 3rd year the GP vs Specialist Cup will be competed in addition to the other challenge trophies. Last year the Specialists won the trophy. The Committee will pair up GPs and Specialists to battle it out for the Cup again this year.

With the generous support of Credit Suisse AG and other sponsors, you can look forward to:

- The chance of winning the hole-in-one prize sponsored by Mercedes-Benz, Daimler South East Asia Pte Ltd;
- attractive winners & lucky draw prizes;
- a sumptuous dinner;
- goodie bags with attractive door gifts;

and last but by no means least, making new friends and meeting old ones.

Do sign up early and encourage your doctor friends to join in this SMA Golf Tournament.

REGISTRATION FORM

Fax to SMA at 6224 7827

Name: Dr / A.Prof / Prof

MCR No:

Gender: M / F

Address:

Postal Code []

Tel:

Handphone:

Fax:

Email:

Practice Area: GP/Family Medicine Specialist (Specialty: _____)

* SMA Member: Yes / No * SICC Member: Yes / No * SICC Membership No:

* Senior Golfer (above 55 years old) : Yes / No *Age: _____ *Handicap:

* Preferred tee-off time: 12:30pm – 1:00pm 1:00 pm – 1:30pm

*** If there are more than 100 golfers, shotgun start will be at 1.00 pm**

* Do you wish to participate in the GP vs Specialist Cup? Yes No

*** International Buffet Dinner** - Please indicate :

1) if you will stay for dinner? Yes / No 2) Special dietary requirement: vegetarian halal

Registration Fees for Golf Tournament

(pls tick whichever is applicable)

SMA + SICC Member: \$90

SMA + Non SICC Member: \$150

Non SMA + SICC Member: \$120

Non SMA + Non SICC Member: \$230

Payment of Registration Fees

Please write your cheque to "Singapore Medical Association"

or Provide credit card details

Bank & Cheque No. :

Please charge the amount to my SMA-UOB / Visa / Mastercard

Credit Card No: _____ - _____ - _____ - _____

CCV2 _____ Expiry Date: _____ / _____

Date: _____ **Signature:** _____

Major Sponsor

