

REGISTRATION FORM PARTICIPANT'S DETAILS

NAME : _____

HOSPITAL/
ORGANISATION: _____

EMAIL : _____

MOBILE NUMBER:

SPECIAL DIETARY REQUIREMENTS :

NIL

VEGETARIAN

FEES:

MTS Member: RM 50 Non-Member: RM100

Please make payment to:


Account Name : Malaysian Thoracic Society

Name of Bank : Standard Chartered Bank
Berhad

Account number : 873-1-0420229-5

Please e-mail queries or completed
registration form with proof of payment to:

Dr Fatin:  fatinfarihahasir@gmail.com

 017-2576414

Dr Akmal:  m.akmalaffan@gmail.com

 017-6409512.

PAEDIATRIC ASTHMA WORKSHOP



VENUE:

**AUDITORIUM GEMILANG,
HOSPITAL TUANKU JA'AFAR**

DATE & TIME:

**15TH NOVEMBER 2019
8AM - 5PM**

ORGANISED BY:



INTERESTING TOPICS

- ★ Childhood Asthma & Comorbidities of Asthma
- ★ Differential Diagnosis of Asthma
- ★ Management & Control of Asthma
- ★ Acute Exacerbation of Asthma
- ★ Pre-school Wheeze
- ★ Group Discussion & Practical Session