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SOUTHERN RESPIRATORY UPDATE

ORGANISER : RESPIRATORY UNIT, MEDICAL DEPARTMENT HOSPITAL MELAKA UNDER AUSPICES OF THE MALAYSIAN THORACIC SOCIETY

: SWISS GABDEN HOTEL, MELAKA VANDE : 19 JANDARY 2018 DATE : 0800H - 1700H P : BM50/PAX (MTS MEMBER) BM 75/PAX (NON-MTS MEMBER)

Southern Respiratory Update for Primary Care 19th Jan 2018 Hibiscus Ballroom at Swiss Garden Hotel

Time	Programme	Speaker	
8.00-8.30am	Registration		
8.30-8.40am	Opening ceremony		
8.40-9.20am	Approach to chronic cough Dr Azlina (Hosp Tuanku Ja'afar Seremban)		
9.20-10.00am	Lung cancer- when to suspect and the diagnostic options availableDr Goh Kee San (Hosp Melaka)		
10.00-10.10am	Q&A		
10.10-10.30am	Morning coffee break		
10.30-11.10am	Tuberculosis- current challenges in diagnosis and treatment	Dr Zamzurina (IPR)	
11.10-11.50am	Asthma & COPD- differences and similarities	Dr Siti Kamariah (Gleneagles Medini Hospital, Johor)	
11.50-12.30pm	Severe asthma & COPD- the options available Dr Rozana (Hospital Sultan Aminah, Johor)		
12.30-2.00pm	Lunch symposium		
2.00-2.40pm	ILD- how to differentiate which type and does it matter to know	Dr Syazatul Syakirin (IPR)	
2.40-3.20pm	Snoring- is it dangerous?	Dr Muven (Pantai Hospital, Melaka)	
3.20-4.00pm	CXR Interpretation	Dr Chong Aun Kee (Hosp Melaka)	
4.00-4.20pm	Q&A		
4.20-5.00pm	Closing and tea break		

REGISTRATION FORM

Southern Respiratory Update for Primary Care 19th Jan 2018 Hibiscus Ballroom at Swiss Garden Hotel. Melaka

Member	Registration Fee	
MTS Member	RM 53.00	
Non-MTS member	RM 79.50	*Inclusive of 6% GST
Registration will be	closed on 17 th January 202	18
ayment can be made	e via telegraphic transfer, p er by fax or email as given	avour of 'Malaysian Thoracic Society' please attach proof of remittance with the completed below (document image by email is also acceptable)
ccount Name	: Malaysian Thoracic Society	
ccount Number ame of Bank	: 873-1-0420229-5	
	: Standard Chartered Bank Berhad : Publika Branch, Kuala Lumpur	
wift Code	: SCBLMYKXXXX	
LEASE ENROL ME AS	(fee: RM53)	Non-MTS Member (fee: RM79.50)
NAME:		
I/C NO:		
PRESENT APPOINT	MENT:	
HOSPITAL/CLINIC A	DDRESS:	
POSTCODE:	CITY:	
TEL:	HP:	
EMAIL:		
PAYMENT: CHEQUE	E/BANK DRAFT NUMBER: _	
BANK:		
		_

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