MTS SPIROMETRY
CERTIFICATION PROGRAMME
PHASE 3 COURSE

23th - 24th September 2023
Clinical Simulation Centre
Selayang Campus, UiTM

Organized by:
MALAYSIAN THORACIC SOCIETY

Supported by:
MINISTRY OF HEALTH MALAYSIA
Day 01 23rd September 2023

0800 - 0830
Registration

0830 - 0845
Welcome and Introduction

0845 - 0915
Overview of spirometry

0915 - 0945
Common respiratory diseases

0945 - 1015
Tea Break

1015 - 1215
Skill workshop: Spirometry technique, Quality assurance

1215 - 1245
Candidates meet trainers

1245 - 1400
Lunch Break

1400 - 1700
Group work: results interpretation

1700 - 1730
Tea Break

1730
End Day 1

Day 02 24th September 2023

0800 - 0830
Breakfast

0830 - 0845
Briefing practical examination

0845 - 1200
Practical examination

1200 - 1230
Summary and Closing

1230 - 1400
Lunch

REGISTRATION FORM
MTS SPIROMETRY CERTIFICATION PROGRAMME PHASE 3

<table>
<thead>
<tr>
<th>Registration</th>
<th>Early Bird Before 1st April 2023</th>
<th>Late registration After 1st April 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTS member</td>
<td>RM 450.00</td>
<td>RM 500.00</td>
</tr>
<tr>
<td>Non-Non-MTS member</td>
<td>RM 500.00</td>
<td>RM 550.00</td>
</tr>
<tr>
<td>Non-Malaysian</td>
<td>USD 150.00</td>
<td>USD 200.00</td>
</tr>
</tbody>
</table>

On-site registration WILL NOT be accepted. Places are limited. Registration will close once all places are taken.

All payment by cheques should be issued in favour of "Malaysian Thoracic Society"

Payments can be made via telegraphic transfer to the following account:

Account Name: Malaysian Thoracic Society
Account Number: 873-1-0420229-5
Name of Bank: Standard Chartered Bank Berhad
Address of Bank: Publik Brick Solaris Dutamas Jalan Dutamas 1, 50480 Kuala Lumpur

(Please return the remittance advice note along with this form either by fax or mail. Document image by email is also acceptable.)

Each registration per participants

All Information is required

Name: __________________________________________________________ Dr/Ms/Mr
Phone Number: ___________________________
Email: ____________________________________ (personal)
Hospital: _________________________________________________________________________
Year Passed Spirometry Phase 1: _______________________
MTS Member?: Yes / No
Payment Amount: _________________________
Date of Payment:____________________
Transfer online / ATM date: ______________________________________________________
Payment Ref Number: ____________________________________________________

Please include attachments as below:
1. Proof of Payment

Any enquiries please contact:
Email: mts.spirometry@gmail.com
Tel: 03-2856 4053
Fax: 03-2856 4195