



MTS SPIROMETRY CERTIFICATION PROGRAMME PHASE 3 COURSE

17th - 18th August 2024

**Postgraduate Centre,
Level 3,
Hospital Tunku Azizah**

Organized by :



MALAYSIAN THORACIC SOCIETY

Supported by :



MINISTRY OF HEALTH MALAYSIA

DAY 1

17th August 2024

| | |
|-------------|--|
| 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: result interpretation |
| 1700 - 1730 | Tea Break |
| 1730 | End Day 1 |

REGISTRATION FORM

MTS SPIROMETRY CERTIFICATION PROGRAMME PHASE 3

| Registration | Please choose/tick | Early Bird Before 30th June 2024 | Late registration After 30th June 2024 |
|----------------|--------------------|-------------------------------------|---|
| MTS Member | | RM 500.00 | RM 550.00 |
| Non-MTS Member | | RM 600.00 | RM 650.00 |
| Non-Malaysian | | USD 200 | USD 250 |

On-site registration WILL NOT be accepted. Places are limited. Registration will close once all places are taken. No refund for cancellation after 30th June 2024

All payments 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 : Publika Branch Solaris Dutamas Jalan Dutamas 1,
50480 Kuala Lumpur

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

Each registration per participants

All information is required

Name : _____ Dr / Ms / Mr

Phone Number : _____

Personal Email : _____

Hospital : _____

MTS Member ? : Yes / No Payment Amount : _____

Year passed Spirometry Phase 1: _____

Date of Payment : _____

Payment Reference Number : _____

Please include attachments as below :

1. Proof of Payment

DAY 2

18th August 2024

| | |
|-------------|--------------------------------|
| 0800 - 0830 | Breakfast |
| 0830 - 0845 | Briefing practical examination |
| 0845 - 1200 | Practical examination |
| 1200 - 1230 | Summary and Closing |
| 1230 - 1400 | Lunch |

Any enquiries please contact :

Email : mts.spirometry@gmail.com

Tel : 03-2856 4053

Fax : 03-2856 4195

Registration :

