MANUSCRIPT WRITE-UP WORKSHOP

10th September 2024

30th September 2024

8 A.M - 5 P.M

Bilik Seminar 1-3,
Pusat Pascasiswazah, Tingkat 3,
Hospital Tunku Azizah

Participants are required to submit the draft manuscript before the workshop

Organized by:

In Collaboration with:

MALAYSIAN THORACIC SOCIETY

CPD points available!
# Program

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>10 September 2024</td>
<td>8:00 am - 8:30 am</td>
<td>Breakfast</td>
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<tr>
<td>30 September 2024</td>
<td>8:00 am - 9:00 am</td>
<td>Writing result section</td>
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<td>9:00 am - 10:00 am</td>
<td>Practical session - result section</td>
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<td>10:00 am - 10:45 am</td>
<td>Break</td>
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<td>10:40 am - 11:45 am</td>
<td>Discussion write-up - main points</td>
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<td>11:45 am - 12:45 pm</td>
<td>Practical session - discussion write up</td>
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<td>12:45 pm - 2:00 pm</td>
<td>Lunch Break</td>
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<td>2:00 pm - 3:00 pm</td>
<td>Choosing the right journal</td>
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<td>3:00 pm - 3:30 pm</td>
<td>Writing cover letter and other administrative process</td>
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<td>4:00 pm - 5:00 pm</td>
<td>Summary</td>
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<td></td>
<td>5:00 p.m</td>
<td>End of Session</td>
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# REGISTRATION FORM

**MANUSCRIPT WRITE-UP WORKSHOP**

<table>
<thead>
<tr>
<th>Registration</th>
<th>Registration Fee</th>
<th>Please choose/tick</th>
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<tbody>
<tr>
<td>MTS Member and MOH staff</td>
<td>RM 300.00</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>RM 350.00</td>
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On-site registration **WILL NOT** be accepted. Places are limited. Registration will close once all places are taken.

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 participant*

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**All Information is required**

- **Name**: ____________________________  Dr / Ms / Mr
- **Position**: __________________________
- **Grade (if government staff)**: __________________________
- **Phone Number**: __________________________
- **Personal Email**: __________________________
- **Hospital**: __________________________
- **MTS Member**: Yes / No
- **Payment Amount**: __________________________
- **Date of Payment**: __________________________
- **Payment Reference Number**: __________________________

Please include attachments as below:

1. Proof of Payment

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**Any enquiries please contact**: Clinical Research Centre (CRC), Hospital Tunku Azizah

- Email: researchwchkl@moh.gov.my
- Tel: 03-2600-3000 (ext 2120)