

CPD
points
available!



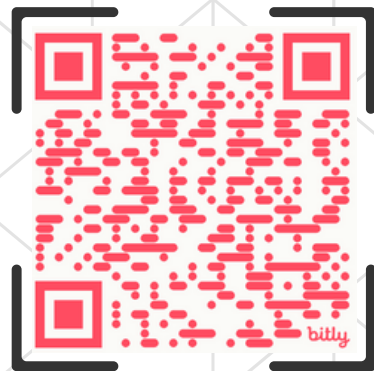
MANUSCRIPT WRITE-UP WORKSHOP

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 :



CLINICAL RESEARCH
CENTRE (CRC)
HOSPITAL TUNKU AZIZAH
KUALA LUMPUR

In Collaboration with :



MALYSIAN
THORACIC
SOCIETY



Program

10 September 2024

8:00 am - 8:30 am Registration	11:15 am - 12:15 pm Writing methodology section
8:30 am - 9:00 am Breakfast	12:15 pm - 12:45 pm Practical session - methodology
9:00 am - 10:00 am How to write introduction section	1:00 pm - 2:00 pm Lunch Break
10:00 am - 11:00 am Practical session - Introduction	2:00 pm - 3:00 pm Data analysis - Part 1
11:00 am - 11:15 am Break	3:00 pm - 5:00 pm Practical session - Data analysis
	5:00 p.m End of Session

8:00 am - 8:30 am Breakfast	11:45 am - 12:45 pm Practical session - discussion write up
8:30 am - 9:00 am Writing result section	12:45 pm - 2:00 pm Lunch Break
9:00 am - 10:30 am Practical session - result rection	2:00 pm - 3:00 pm Choosing the right journal
10:30 am - 10:45 am Break	3:00 pm - 3:30 pm Writing cover letter and other administrative process
10:40 am - 11:45 am Discussion write-up - main points	4:00 pm - 5:00 pm Summary
	5:00 p.m End of Session

30 September 2024

REGISTRATION FORM

MANUSCRIPT WRITE-UP WORKSHOP

Registration	Registration Fee	Please choose/tick
MTS Member and MOH staff	RM 300.00	
Others	RM 350.00	

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 participants

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

Any enquiries please contact :
Clinical Research Centre (CRC),
Hospital Tunku Azizah
Email : researchwchkl@moh.gov.my
Tel : 03-2600-3000 (ext 2120)

Registration :

