

# TB IN CHILDREN

for  
*Treatment Centre*



Scan to register

24 June 2026  
Wednesday

Hotel Jewels,  
Kota Baharu,  
Kelantan

Organized by :



MALAYSIAN THORACIC SOCIETY



MINISTRY OF HEALTH MALAYSIA

# PRELIMINARY PROGRAMME

TB IN CHILDREN  
for  
*Treatment Centre*  
24 June 2026

0800-0830

Registration

0830-0845

Welcome Speech

0845-0930

Paediatric CXRs- *Dr Normawati Mat Said*

0930-1000

Epidemiological Profile of TB in Children: Kelantan, Malaysia - *Dr Hasniza Abdullah*

1000-1030

Tea Break

1030-1050

BCG Vaccination - *Dr Noor Ain*

1050-1130

Chest XRay in Tuberculosis- *Dr Normawati Mat Said*

1130-1150

Screening for TB Disease - *AP Dr Hafizah*

1150-1210

Sponsored Symposium

1210-1315

Lunch Break

1315-1340

TB infection in children - *Dr Tiew Wah Tin*

1340-1410

Case Discussion I - *AP Dr Hafizah*

1410-1510

TB Diagnosis - *Dr Noor Ain*

1510-1600

Principle of Tuberculosis Management - *Dr Asiah Kassim*

1600-1645

Case Discussion 2 - *Dr Dr Hafizah*

1645-1715

Q&A

1715-1730

Closing

## REGISTRATION FORM

TB IN CHILDREN FOR TREATMENT CENTRE

Category	Early Bird Before 15 <sup>th</sup> June 2026			Late registration 15 <sup>th</sup> June 2026 and after		
	Fee	8% SST	Total Fee	Fee	8% SST	Total Fee
MOH / MTS Member	RM 100.00	RM 8.00	<b>RM 108.00</b>	RM 150.00	RM 12.00	<b>RM 162.00</b>
Others	RM 150.00	RM 12.00	<b>RM 162.00</b>	RM 200.00	RM 16.00	<b>RM 216.00</b>

*Limited spots available! Registration closes once all spots are filled. No LPOs accepted. Cancellations after 15<sup>th</sup> June 2026, are non-refundable.*

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 : \_\_\_\_\_  
Institution : \_\_\_\_\_  
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 :**

Email : htajktb@gmail.com  
Tel : 03-2600 3000 (ext 2123/2120)

Jawatankuasa Kawalan Penyakit TB,  
Clinical Research Centre (CRC),  
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