

TB IN CHILDREN

for

Treatment Centre



Scan to register

14 May 2026
Thursday

Auditorium
Hospital Mawar Seremban
Negeri Sembilan

Organized by :



MALAYSIAN THORACIC SOCIETY



MINISTRY OF HEALTH MALAYSIA



PRELIMINARY PROGRAMME

TB IN CHILDREN
for
Treatment Centre
14 May 2026

0800-0830

Registration

0830-0845

Welcome Speech

0845-0915

Paediatric Chest Xray

0915-0935

Overview of Tuberculosis in children

0935-1015

Chest Xray in Tuberculosis

1015-1045

Tea Break

1045-1100

BCG Vaccination

1100-1130

Screening for TB Disease

1130-1200

TB infection in children

1200-1230

Case Discussion I

1230-1250

Sponsored Symposium

1300-1415

Lunch Break

1415-1445

TB Diagnosis

1445-1515

Principle of Tuberculosis Management

1515-1545

Case Discussion 2

1545-1615

Case Discussion 3

1615-1700

Q&A

1700-1730

Closing

REGISTRATION FORM

TB IN CHILDREN FOR TREATMENT CENTRE

Category	Early Bird Before 30 th April 2026			Late registration 30 th April 2026 and after		
	Fee	8% SST	Total Fee	Fee	8% SST	Total Fee
MOH / MTS Member	RM 100.00	RM 8.00	RM 108.00	RM 150.00	RM 12.00	RM 162.00
Others	RM 150.00	RM 12.00	RM 162.00	RM 200.00	RM 16.00	RM 216.00

Limited spots available! Registration closes once all spots are filled. No LPOs accepted. Cancellations after 30th April 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),
Hospital Tunku Azizah