



TUBERCULOSIS (TB) IN CHILDREN WORKSHOP

12th May 2024

Postgraduate Centre,
Level 3,
Hospital tunku Azizah

Organized by :



MALAYSIAN THORACIC SOCIETY

Supported by :



MINISTRY OF HEALTH MALAYSIA

PROGRAM

12th May 2024

0730 - 0800	Registration
0800 - 0820	TB and BCG
0820 - 0840	Screening for TB
0840 - 0905	TB in Children in WHO End TB Strategy
0905 - 0925	Tea Symposium
0925 - 1000	Launching of The TB in Children's Education Module
1000 - 1030	Morning Tea
1030 - 1100	Radiographic changes in normal and respiratory tract infection-chest radiographs in children
1100 - 1130	Making TB diagnosis
1130 - 1150	Latent TB Infection in Children
1150 - 1215	TB management in children
1215 - 1235	TB in children, surveillance and National TB Information System
1235 - 1315	Lunch Symposium
1315 - 1415	Lunch
1415 - 1500	Radiology Imaging in Tuberculosis
1500 - 1630	Case Discussion I, II, III
1630 - 1650	Tea Symposium
1650 - 1730	Afternoon Tea Break
1730	Closing

REGISTRATION FORM

TUBERCULOSIS (TB) IN CHILDREN WORKSHOP

Registration	Please choose /tick	Early Bird Before 1st April 2024	Late registration After 1st April 2024	On-Site
MTS Member and MOH staff		RM 100.00	RM 150.00	RM 250.00
Others		RM 150.00	RM 200.00	

Places are limited. Registration will close once all places are taken. No refund for cancellation after 30th April 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 : _____
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. 2120)

Registration :

