

# ANNUAL CONGRESS OF THE MALAYSIAN THORACIC SOCIETY

**DATE** 22<sup>nd</sup> – 24<sup>th</sup> JULY 2011

**VENUE** Shangri-La Hotel, Kuala Lumpur, Malaysia



**MALAYSIAN THORACIC SOCIETY**

**SECRETARIAT**

**MTS Annual Congress**

G-1 Medical Academies of Malaysia  
210 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia  
Fax : (603) 4023 8100



## REGISTRATION FORM

(Photocopies of this form are acceptable)

Name \_\_\_\_\_

Name on badge                 Limited to 15 alphabets

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Specialty \_\_\_\_\_

### REGISTRATION

CATEGORY	ON OR BEFORE 1 <sup>ST</sup> JULY 2011	AFTER 1 <sup>ST</sup> JULY 2011	AMOUNT
MTS Member (Ordinary / Affiliate) Medical Student	RM 600	RM 700	
Non-MTS Member	RM 700	RM 800	
Single-day Registration (Medical Student only)	RM 300	RM 300	

**TOTAL**

For online registration and payments, please log on to [www.mts.org.my](http://www.mts.org.my)

### PAYMENT

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 : Jalan Ipoh Branch, Kuala Lumpur  
Swift Code : SCBLMYKXXXX

(Please return the remittance advice note along with this form either by fax or mail. Document image by email is also acceptable.)

Date \_\_\_\_\_

Signature \_\_\_\_\_