

IPOH INTERNATIONAL TEACHING WEEK

6TH IPOH ENDOSCOPIC SINUS SURGERY & ALLERGY COURSE

7 – 9 OCTOBER 2016

**DAY CARE CENTRE AUDITORIUM
HOSPITAL RAJA PERMAISURI BAINUN, IPOH**

Email : i.e.s.s.ipoh@gmail.com



GUEST FACULTY



DS SETHI



ABHILASH



LEONG J L



NG YUK HUI



DR AMRAN

HIGHLIGHTS OF COURSE

- Hands on Cadaveric Dissection - **FRESH FROZEN HEADS from USA**
- Basic & Advance Endoscopic Sinus Surgery

MALAYSIAN

DISSECTOR	RM2400	
	EARLY BIRD BEFORE 15.7.2016	AFTER 16.7.2016
OBSERVER + LIVE SURGERY + LECTURE	RM400	RM450
LIVE SURGERY + LECTURE (PARAMEDIC & NURSES ONLY)	RM300	RM350

FOREIGNER

DISSECTOR	USD1200	
	EARLY BIRD BEFORE 15.7.2016	AFTER 16.7.2016
OBSERVER + LIVE SURGERY + LECTURE	USD350	USD400
LIVE SURGERY + LECTURE (PARAMEDIC & NURSES ONLY)	USD250	USD300

REGISTRATION FORM

NAME :

IC / PASSPORT NO:

HOSPITAL :

ADDRESS :

.....

PIN CODE :

COUNTRY:

EMAIL :

CONTACT NUMBER:

DISSECTOR	<input type="checkbox"/>	RM / USD
OBSERVER + LIVE SURGERY + LECTURE	<input type="checkbox"/>	RM / USD.....
LIVE SURGERY + LECTURE	<input type="checkbox"/>	RM / USD.....

CHEQUE/D/D NO: / WIRE TRANSFER NO:

YOUR BANK NAME :

BRANCH :

CITY :

PAYMENT DETAILS

ENT Trainees need a letter to certify them as a trainee, term and year of program.

Mode of payment :

D/D or Local Cheque or Wire transfer should be drawn in favor of:

ACCOUNT NAME :

PERTUBUHAN PENDIDIKAN PERUBATAN LEPAS IJAZAH HOSPITAL IPOH

ACCOUNT NAME & NUMBER :

RHB BANK BERHAD

2080 6110 1571 66

Address : **Persiaran Green Hill, Ipoh**

Swift Code : **RHBBMYKL**

**Please send the cheque or bank in slip as proof of payment to
ENT Dept, Hospital Raja Permaisuri Bainun, Ipoh.**

CONTACT DETAILS



DR HARVINDER SINGH: 016 - 5585480
COURSE DIRECTOR

DR PATHMA : 012 – 5052075
COURSE SECRETARY

EMAIL : i.e.s.s.ipoh@gmail.com