

REGISTER ONLINE

visit medicalprotection.org



All workshops are provided free to
Medical Protection members

1 YOUR DETAILS

MEDICAL PROTECTION MEMBERSHIP NO. *(printed on the letter)*

TITLE _____

FIRST NAME(S) _____

FAMILY NAME _____

TELEPHONE NUMBER _____

HANDPHONE NUMBER _____

EMAIL ADDRESS _____

DIETARY REQUIREMENTS _____

PROFESSIONAL STATUS:

- GP
- MO
- MO Masters Student
- SPECIALIST *(indicate specialty)*
-

PRIMARY COLLEGE *(for CPD)*

By returning this form you confirm that you agree with the
booking terms and conditions at medicalprotection.org

Registration closes one day prior to the workshop or when
the workshop reaches maximum capacity.

MED_MY_MC1_Flyer

2 SELECT THE WORKSHOP YOU WOULD LIKE TO ATTEND

MASTERING YOUR RISK

(3 hour workshop)

<input checked="" type="checkbox"/> Location	Date	Time	Ref
<input type="checkbox"/> Kuala Lumpur, Aloft Kuala Lumpur Sentral	19 June	6.30pm	7066

MASTERING ADVERSE OUTCOMES

(3 hour workshop)

<input checked="" type="checkbox"/> Location	Date	Time	Ref
<input type="checkbox"/> Petaling Jaya, Hilton Petaling Jaya	26 June	6.30pm	7067

MASTERING DIFFICULT INTERACTIONS WITH PATIENTS

(3 hour workshop)

<input checked="" type="checkbox"/> Location	Date	Time	Ref
<input type="checkbox"/> Kuala Lumpur, Aloft Kuala Lumpur Sentral	10 July	6.30pm	7068

MASTERING CONSENT AND SHARED DECISION MAKING

(3 hour workshop)

<input checked="" type="checkbox"/> Location	Date	Time	Ref
<input type="checkbox"/> Petaling Jaya, Hilton Petaling Jaya	17 July	6.30pm	7067

3 REGISTER

Medical Protection members can register for free at
medicalprotection.org or complete this form and
email to apeducation@medicalprotection.org

Registration enquires call **1800 815 837**

Presented in partnership with the
Malaysian Medical Association

