

Clinical Skill Workshop (2017)

Taylor Spatial Frame Deformity Correction Module



**Venue : NOCERAL,
Kuala Lumpur, Malaysia**

Friday : 2.30 pm to 5 pm

Participants : 4 to 8

Registration :

Ms Faezah : 03 79493141

Ms Sally : 012 9775183

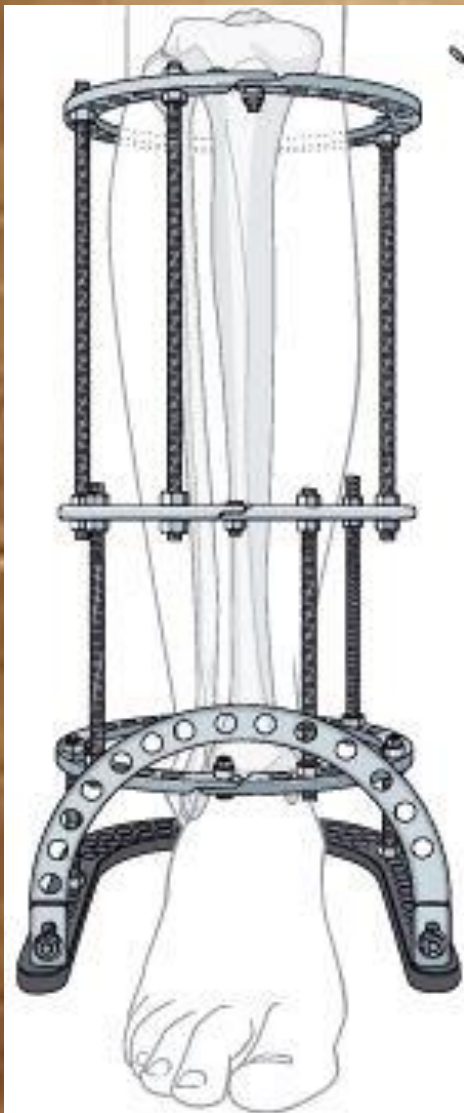


Supported by :



Clinical Skill Workshop (2017)

Ilizarov Ext Fix Deformity Correction Module



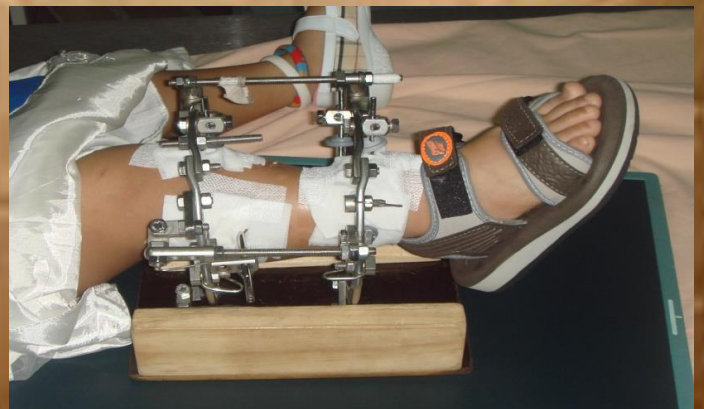
**Venue : NOCERAL,
Kuala Lumpur, Malaysia**

Friday : 2.30 pm to 4.30 pm

Participants : 4 to 8

Registration :

Ms Faezah: 03 79493141



Clinical Skill Workshop (2017)

Ponseti Serial casting Hip Spica Application



**Venue : NOCERAL,
Kuala Lumpur, Malaysia**

Friday : 2.30 pm to 4.30 pm

Participants : 4 to 8

Registration :

Ms Faezah: 03-79493141



Limb Deformity Correction Workshops

6 Jan 2017	(Fri)	Ilizarov Workshop for Deformity Correction
20 Jan 2017	(Fri)	Ponseti Method & Hip Spica Application
17 Feb 2017	(Fri)	TSF Workshop for Deformity Correction
24 Feb 2017	(Fri)	XXX
3 March 2017	(Fri)	Ilizarov Workshop for Deformity Correction
24 March 2017	(Fri)	Ponseti Method & Hip Spica Application
12 May 2017	(Fri)	TSF Workshop for Deformity Correction
26 May 2017	(Fri)	XXX
2 June 2017	(Fri)	Ilizarov Workshop for Deformity Correction
16 June 2017	(Fri)	Ponseti Method & Hip Spica Application
7 July 2017	(Fri)	TSF Workshop for Deformity Correction
21 July 2017	(Fri)	XXX
4 Aug 2017	(Fri)	Ilizarov Workshop for Deformity Correction
18 Aug 2017	(Fri)	Ponseti Method & Hip Spica Application
8 Sept 2017	(Fri)	TSF Workshop for Deformity Correction
29 Sept 2017	(Fri)	XXX
6 Oct 2017	(Fri)	Ilizarov Workshop for Deformity Correction
27 Oct 2017	(Fri)	Ponseti Method & Hip Spica Application
3 Nov 2017	(Fri)	TSF Workshop for Deformity Correction
24 Nov 2017	(Fri)	XXX
1 Dec 2017	(Fri)	Ilizarov Workshop for Deformity Correction
22 Dec 2017	(Fri)	Ponseti Method & Hip Spica Application

REGISTRATION

Ponseti Method and Hip Spica Application Workshop	RM 50.00
Ilizarov Workshop for Deformity Correction	RM 50.00
TSF Workshop for Deformity Correction	

Name :
Position :
Hospital :
Mobile phone :
Office Phone :

Name on certificate :

***Please provide proof of payment as attachment**