



**9th National Congress of Indonesian Society for Clinical Microbiology (PAMKI)
and
10th National Symposium of Indonesia Antimicrobial Resistance Watch (IARW)
(9th NC PAMKI and 10th NS-IARW) 2015**



**Management of Infection in
the era of Antimicrobial Resistance**

Workshop

Thursday, October 29th, 2015

**Congress,
Symposium & Exhibition**

Friday-Saturday, October 30th - 31st, 2015

**JW Marriott Hotel, Medan
Sumatera Utara, Indonesia**



A N N O U N C E M E N T

WORKSHOP •

1. Rationale Interpretation of Antibiotic and Susceptibility Testing
2. Laboratory Diagnostic of Anaerobic Infection

SYMPOSIA •

Plenary Lecture

Re-emerging Infection : MERS-CoV and Ebola Outbreak

Lunch Symposia

1. Multi-drug Resistance Organism Infection in Clinical Setting
2. Antimicrobial Stewardship Program in Hospital : How to decrease resistance of Microorganisms ?

Scientific Symposia

1. Management of Infection in ICU
2. Systemic Fungal Infection
3. New chalanging in TB Diagnostic and Management
4. Management of Wound Infection
5. HIV infection : What's new ?
6. Management of Infection by Carbapenem Resistance Microorganism
7. Sexually Transmitted Infection : Update in Neisseria gonorrhoe
8. Urinary Tract Infection

Keynote Speech :

by Ministry of Health

Opening Ceremony :

1. Chairman of 9th National Congress, Symposium of 10th IARW-PAMKI
2. Chairman of PAMKI
3. Governor of North Sumatera

IMPORTANT DATE

August 31st, 2015

Deadline of early bird

September 10th, 2015

Deadline of abstract submission

September 30th, 2015

Deadline for room reservation

REGISTRATION FEE

Registration Fee	PARTICIPANT	Early Registration : Before August 1 st , 2015	Late Registration : After August 1 st , 2015	On Site
Symposium	Spesialist	Rp. 1.000.000	Rp. 1.150.000	Rp. 1.250.000
	General Physician/ Other Health Professional	Rp. 800.000	Rp. 850.000	Rp. 950.000
Workshop		Rp. 500.000	Rp. 550.000	Rp. 600.000

ACCOMODATION :

AT JW MARRIOTT, MEDAN, INDONESIA

Room (including breakfast for 2 persons)

Rp 950.000/ nett/ room/ night (Total ☐ Rooms, Total ☐ Night(s))

Check in ☐☐ ☐☐ Check out ☐☐ ☐☐ 2015
Date Month Date Month

All payment should be
transferred to:

Bank Mandiri
Acc.No. :106-00-1124716-3
a.n. PAMKI CABANG MEDAN

Name : (Prof/DR/Dr)..... side for committee

Full Address :

Phone / HP : Fax :

Email :

Specialist /GP/Other Health Profesional :



REGISTRATION RECEIPT :

Name : (Prof/DR/Dr)..... side for committee

Full Address :

Phone / HP : Fax :

Email :

Specialist /GP/Other Health Profesional :

..... 2015
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(.....)

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Registration /Further Information :

Secretariat Office :

Department of Microbiology

Medical Faculty Univ. of Sumatera Utara

Jl. Universitas No. 1, Kampus USU Medan

Phone : 62-61-8223610 / 62-21-3916826
Fax : 62-61-8223610 / 62-21-3916826
Mobile Phone : 62-85923388000
e-mail : pamki.medan@yahoo.co.id
iarw.pamki@yahoo.co.id
Website : www.iarw.pamki.com
Contact Person : Mirza, IpheI (085591030140)