

## APPLICATION FORM Inclusive Education – Registration Fee €150

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

Title:	Name:	Surname:
Address:		
Profession:		
Tel/mobile: .		
Email: .		
Company/Org	anisation:	
Signature of	Applicant:	Date:
Payment Option	ons:	
Payment Option  By cheque, pa	ons: <mark>Iyable to <b>Malta University</b></mark>	Consulting Ltd
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Note: Payments by cheques are to be sent to:

Ms Maria Bugeja

Malta University Holding Co. Ltd.,

The University Residence,

Robert Mifsud Bonnici Street, Lija.