

**e-MARKETING COURSE**

**Registration Form**

**Registration Fee: €120/Students €100**

**Venue: University of Malta Gozo Centre, Mgarr Road, Xewkija**

Title: ……… Name:……………………….. Surname: ………………………....................

Address: ………………………………………………………………….......................

……………………………………………………………………………………...................

……………………………………………………………………………………...................

Profession: ……………………………………………………………….........................

Tel/mobile: ………………………………………………………………………................

Email: ……………………………………………………………………….................

Company/Organisation: ......................................................................................................

**Signature of Applicant: Date:**

**Payment Options:**

**By cheque** payable to **Malta University Consulting Ltd**

**By cash** at The University Residence, Robert Mifsud Bonnici Street, Lija

**By Bank Transfer**: Name of Bank: Bank of Valletta p.l.c.

Address: University Campus, Msida

Account Number: 16707297016

IBAN: MT20VALL22013000000016707297016

Bank’s BIC: VALLMTMT

**Note: cheques to be mailed to: Ms Maria Bugeja**

**The University Residence**

**Robert Mifsud Bonnici Street -Lija**