

**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**