

**APPLICATION FORM**

**EU funding – a practical approach to accessing and managing it**

**Registration Fee €225**

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

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: VALLMTM

**Note: Payments by cheques are to be sent to:**

 **Ms Maria Bugeja**

 **The University Residence,**

 **Robert Mifsud Bonnici Street, Lija.**