

**MATLAB® Training Course**

**February/March 2018 (24 hours)**

**Registration Form**

**Registration Fee: €250/UoM Students €230**

**Venue: Training Room 108, Level 1, IT Services Building, UoM**

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

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

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I.D. Number: ………………………… ................ Nationality: ……………… ..............................

Date of birth: .......................................................... Tel/mobile: ………………………...

E Mail: ……………………………………………………………………….......................................

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

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 are to be mailed to: Ms Maria Bugeja**

 **The University Residence**

**Robert Mifsud Bonnici Street**

**Lija**