

**APPLICATION FORM**

**Public Speaking**

**October/November 2017 – Registration Fee €200**

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

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

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

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

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

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

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: VALLMTM

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

 **Ms Maria Bugeja**

 **The University Residence,**

 **Robert Mifsud Bonnici Street, Lija.**