

**A Course for dementia care giving in the community**

**October/November 2017**

**Registration Form**

**Registration Fee: €93**

**Venue: University Residence, Robert Mifsud Bonnici Street, Lija**

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

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

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I.D. ............................................................. 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: VALLMTMT

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

 **The University Residence**

 **Robert Mifsud Bonnici Street -**

 **Lija**