

**APPLICATION FORM**

**Pharmacognosy and Herbal Products**

**June/July 2018**

**Registration Fee €350**

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

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

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

……………………………………………………………………………………..................

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.**