

**Through the looking glass: Addressing the Caring & Coping needs**

**of Persons supporting Parkinson’s patients**

**April/May 2018**

**Registration Form - Registration Fee: €93**

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

Mr/Ms/Dr: ……… Name:………………….. Surname: ………………………........................................

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

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

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**