



MALTA UNIVERSITY CONSULTING

**APPLICATION FORM**  
**Stress Management – Registration Fee €95**

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

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

Address: .....

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Profession: .....

Tel/mobile: .....

Email: .....

Company/Organisation: .....

**Signature of Applicant:**

**Date:**

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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**  
**Malta University Holding Co. Ltd.,**  
**The University Residence,**  
**Robert Mifsud Bonnici Street, Lija.**

