



MALTA UNIVERSITY CONSULTING

APPLICATION FORM

Understanding Autism Spectrum Disorders Registration Fee €75

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

Title: Name:..... Surname:

Address:

.....

Profession:

Tel/mobile:

Email:

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