



## APPLICATION FORM

**BLS / AED PROVIDER COURSE: 3<sup>rd</sup> November 2007**

**Venue: Institute Of Health Care, G'Mangia, Malta**

Full name.....

Speciality:.....

Address:.....

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Tel numbers: Home..... Mobile.....

Pager Number .....

Email address .....

Fee inclusive of course, course material, certification and refreshments is **LM25 for non-members**, or **LM22 for paid MRC members**.

Closing date for applications is the **17<sup>th</sup> October 2007**. Cancellations after this date are not refundable.

The Malta Resuscitation Council has the right to refute applications and its decisions cannot be contested.

Cheques are to be made payable to the **Malta Resuscitation Council** and handed personally to Dr.Mary Rose Cassar, Dr.Anna Spiteri or Dr Jonathan Joslin or posted to Malta Resuscitation Council, PO Box 04, Zebbug. Malta.

Signature of applicant:.....

Date:.....