



APPLICATION FORM

BLS / AED PROVIDER COURSE: 18th October 2008

Venue: Mater Dei Hospital, Swatar, Malta

Full name.....

Speciality:

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Address:.....

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

Pager Number

Email address

Fee inclusive of course, course material, certification and refreshments is **€60 for non-members**, or **€50 for paid MRC members**.

Closing date for applications is the **30th September 2008**. 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, Dr Jonathan Joslin or Dr.Agnes Cachia Pickard or posted to Malta Resuscitation Council, c/o Accident and Emergency Department, Mater Dei Hospital B'Kara By Pass.

Signature of applicant:.....

Date:.....