



APPLICATION FORM

BLS / AED PROVIDER COURSE:

- 10th May 2008 (Please tick preferred date)
17th May 2008
31st May 2008

Venue: Mater Dei Hospital, 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 **€60 for non-members**, or **€50 for paid MRC members**.

Closing date for applications is the **23rd April 20078**. 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 c/o Accident and Emergency Department, Mater Dei Hospital, Swatar, Malta.

Signature of applicant:..... Date