



APPLICATION FORM

BLS / AED PROVIDER COURSE:

- 24th October 2009** (Closing date 12th October)
or
31st October 2009 (Closing date 19th October)

Venue: IHC Seminar Rooms, Mater Dei Hospital

Full name.....

Speciality:
.....

Address:.....
.....

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

Pager Number

Email address

Fee inclusive of course, course material, certification and refreshments is **€ 60**

The Malta Resuscitation Council has the right to refute applications and its decisions cannot be contested. Cancellations after the closing date are not refundable.

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 Accident and Emergency Department, Mater Dei Hospital.

Signature of applicant:.....

Date:.....