



APPLICATION FORM

BLS / AED PROVIDER COURSE:

28th March 2009 (Closing date 14th March)

4th April 2009 (Closing date 28th March)

18th April 2009 (Closing date 4th April)

Venue: Institute Of Health Care 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 this 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:.....