

**MALTA MEDICAL SCHOOL CONFERENCE (30<sup>th</sup> NOV to 2<sup>nd</sup> Dec 2006)  
REGISTRATION FORM (FILL IN BLOCK CAPITALS PLEASE)**

TITLE	SURNAME	NAME
AFFILIATION		SPECIALITY
MAILING ADDRESS		TEL/S
EMAIL		FAX

**CONFERENCE REGISTRATION FEES**

(INCLUSIVE OF MEALS, COFFEE BREAKS, AND ABSTRACT BOOKS)

FULL ATTENDENCE (30th NOV to 2nd Dec 2006)	(circle please)	LM50.00
SINGLE DAY: THUR 30/11	(circle please)	LM35.00
SINGLE DAY: FRI 01/12	(circle please)	LM35.00
SINGLE HALF DAY SATURDAY 02/12	(circle please)	LM15.00
RETIRED PHYSICIANS (INCLUSIVE OF MEALS, COFFEE BREAKS, ABSTRACT BOOKS FOR FULL CONFERENCE)	(circle please)	LM35.00
STUDENTS (NOT INCLUDING MEALS)	(circle please)	LM 15.00

***GALA DINNER – FRIDAY 1st DECEMBER (BLACK TIE)  
PLEASE FILL SEPARATE FORM AND SEND SEPARATE CHEQUE***

TOTAL AMOUNT ENCLOSED LM \_\_\_\_\_

CHEQUES SHOULD BE MADE PAYABLE TO:  
**'MALTA MEDICAL SCHOOL CONFERENCE'**

AND SENT TO:

**DR. SIMON ATTARD-MONTALTO  
CHAIRMAN, 6<sup>TH</sup> MALTA MEDICAL SCHOOL CONFERENCE  
THE MEDICAL SCHOOL  
GUARDAMANGIA - MALTA**

SIGNATURE: \_\_\_\_\_