



hospicemalta
care | compassion | dignity

The Hospice Malta Palliative Care Conference

Personal Information

Full Name:

obligatory field

Email Address:

obligatory field

Phone Number:

obligatory field

Profession:

not obligatory field to fill in

Organization/Institution:

not obligatory field to fill in

Dietary Requirements:

obligatory field

Conference Details:

Date 20th November 2024

Venue St. Michael Hospice
Triq Il-Markiz John Scicluna
Santa Venera

Time 08:30 onwards

Payment Information:

Registration Fee: €85

Payment Method:

Payment is to be made via cheque. Please make the cheque payable to Hospice Malta and submit it along with this completed form. Please send your registration form and cheque to Hospice Malta, 39 Vjal Il-Bon Pastur, Hal Balzan.

Kindly submit your completed form and cheque as soon as possible, as spaces for The Hospice Malta Palliative Care Conference are limited. Please note that without timely payment, we cannot guarantee your booking.

Signature and Consent:

I hereby confirm that the information provided above is accurate. I also agree to receive communications regarding The Hospice Malta Palliative Care Conference.

Signature:

Date:

For any inquiries, please contact our team at info@hospicemalta.org or call us on 2144 0085.

We look forward to your participation!