Migration: Criminological Implications

Registration

Registrations together with payments are to be received by not later than Monday 5th October 2009.

Payment options are being listed below:

a. By local cheque payable to University of Malta sent with the registration form sent to the Institute of Criminology, New Humanities Building, Block A, University of Malta.
b. At the University of Malta – Cash Office in which case a copy of the receipt is to be sent with the registration form
c. Bank transfer

*MALTESE STUDENTS PLEASE NOTE: Since at the moment smart card refunds are not possible, students can pay in cash. Upon presentation of their stamped receipt, students will be able to claim their refund in November, once the smart card re-opens. Refunds can be claimed on Tuesdays between 9am and 11am.*

Please fill in the registration form on the next page
# INSTITUTE OF CRIMINOLOGY
(University of Malta)

Criminology Conference 2009
Migration: Criminological Issues
15th and 16th October – Le Meridien Hotel and Spa St Julians, Malta

## REGISTRATION FORM - Vote Number 60-801

<table>
<thead>
<tr>
<th>First name:</th>
<th>Last name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
<td>Position:</td>
</tr>
<tr>
<td>Street, number:</td>
<td>Postal code and city:</td>
</tr>
<tr>
<td>Country:</td>
<td>Tel.:</td>
</tr>
<tr>
<td>Fax:</td>
<td>E-mail:</td>
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</tbody>
</table>

- [ ] I register for the conference and pay the registration fee of 140€.
- [ ] I am a Malta University student so I only pay 100€.
- [ ] I would like to take part in the Malta sight-seeing tour on Saturday (17th October) afternoon and pay 50€ extra
- [ ] I would like to take part in the Malta sight-seeing tour on Thursday (15th October) morning and pay 50€ extra
- [ ] I would like to take part in the Malta sight-seeing tour on Sunday and pay 100€ extra.
- [ ] I would like you to book me (please specify type of room/s)………………………..at the Le Meridiena Hotel and Spa for (Kindly fill in number of days) ……… days.

Total to pay: € _______ Cheque No/Receipt No. _____________

I pay by Swift bank transfer to either:

- [ ] HSBC Malta PLC. Address: 52, Msida Seafront, Msida, Malta. Account number: 085031458002 IBAN account number: MT84MMEB44853000000085031458002. Sort code: 44853. Swift code: MMEBMTMT. VAT number: MT 1289 – 4031
- [ ] Bank of Valletta Malta PLC. Address: University Branch, Msida, Malta. Account number: 16800269019 IBAN account number: MT24VALL2201300000016800269019. Sort code: 22688. Swift code: VALLMTMT. VAT number: MT 1289 – 4031

- [ ] I do not want my contact details to be published in the list of participants of the conference.

Special dietary requirements:

| Date: | Signature: |
A letter confirming your registration will be sent upon receipt of this form and payment of the conference fee.

*Please return to:*
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University of Malta,
Msida MSD 06
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