

**Registration Form for the MMHN Directory
of Maritime Historians of the Mediterranean**

Name (*Family Name or Surname, followed by your first name*)

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Postal Address/es (*University or affiliation and home if you so desire*)

Phone No/s

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Fax No/s

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Email

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Research Interests (*Briefly indicate topic/s, geographic area/s in the Mediterranean and time period/s*)

Signature _____ **Date** _____

On completion, return this form, or email information, to:

The Co-ordinator
Mediterranean Maritime History Network
Mediterranean Institute
University of Malta
Msida MSD 2080
Malta
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