



Standard Registration

Please fax, scan/email or post this registration back to us

This registration is based on the quote dated/ with the offer No.

This is a binding registration for a language course for myself / my child. Fees for the course are due on receipt of the invoice.

Date of birth (DD/MM/YY) Nationality

Family name, First name

Email: Tel. No.

Address Invoice address (if different)

Course venue : Language Center At home (extra travel charge):

Language of course: Preferred start of course (DD/MM/YY)

Preferred days: Double lessons per week (90 minutes)

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Son.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1x 2x 3x
 Intensive/Crashkurs Day(s) Weeks

Daytime: Time (approx.): Evenings: Time (approx.)

Length of course: 24 Units * 48 Units * 96 Units * Intensive-/Crashkurs Units*
*1 Unit = 45 minutes

Preferred no. of participants in a group:

1. Name of participant Tel. No.

2. Name of participant Tel. No.

How did you hear about the Language Center? Recommendation Internet Advertising

The Language Center was recommended to me by *

* Every customer who recommends someone new to us who then signs up for a course receives a €10 discount on their next invoice. Should the person who has recommended us not be currently studying with us, they receive a voucher which is transferrable.

This registration is legally binding. I have read and accept the General Terms and Conditions.

Place Date Signature