



Intensive Training Program Application Form

Name: _____

Company: _____

Occupation: _____

Office Address: _____

City: _____ State/Province: _____ Zip: _____

Telephone: _____ Fax: (optional) _____

Email: _____

Home Address: _____

City: _____ State/Province: _____ Zip: _____

Telephone: _____

Number of weeks: _____ Language you wish to learn: _____

Course will begin on: _____ and end on: _____
mm/dd/yyyy mm/dd/yyyy

Hotel check-in date: _____ check-out date: _____
mm/dd/yyyy mm/dd/yyyy

Total Cost of Course: \$ _____ 20% Deposit on Total Cost: \$ _____

Deposit will be made by: Bank Transfer Check in US\$ sent by courier Credit Card

Deposit will be made on _____ and the balance will be due on the first day of the course.
mm/dd/yyyy

Please give us brief details of your previous knowledge, if any, in the language you wish to learn:

Have you ever studied any other foreign language? If so, which one?

Do you wish to learn any specialized vocabulary or to practice any special situations? If so, please give details:

