



**INTENSIVE TRAINING PROGRAM
APPLICATION FORM**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
WhatsApp #: _____
Email: _____

Number of weeks: _____ Language you wish to learn: _____
Course will begin on: _____ and end on: _____

Cost of the course (number of weeks x \$1,995.00) _____
I authorize Cincilingua to charge the following:

Card #: _____
Expiration Date: _____
Billing Zip Code (if applicable): _____
Name as it appears on card: _____

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

What is your main reason for wishing to learn the language?

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

Do you have any special interests or hobbies which might help us in the planning of your course?

Date: _____ Signature: _____