



## REGISTRATION CARD

address: Vico Antonio Sforza, 18 73028 Otranto (Lecce) ITALY  
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 Mail : [info@ilsonline.it](mailto:info@ilsonline.it) Web : [www.ilsonline.it](http://www.ilsonline.it)

<b>Name and surname:</b>	
.....	
<b>Date and place of birth:</b>	
.....	
<b>Nationality:</b>	
.....	
<b>Sex</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Profession:</b>	
.....	
<b>Address:</b>	
.....	
<b>Phone number</b> .....	<b>fax</b> .....
<b>e-mail:</b> .....	

<b>Have you already studied Italian?:</b> .....	
.....	
<b>School/university:</b> .....	
.....	
<b>How long?</b>	
.....	
<b>Level of knowledge:</b>	beginner <input type="checkbox"/> intermediary <input type="checkbox"/> advanced <input type="checkbox"/>

I would register in this course:

What course	Typology of frequency	Date of beginning	Date of end	N° weeks

I would register in this special course:

What course	Typology of frequency	Date of beginning	Date of end	N° weeks

**Accommodation chosen**

Single room  Double room  in our structure

Single room  Double room  beside a teacher

Single room  Double room  in family

Not requested

Other accommodation  (Specify in the appropriate space, prices and requirement)

**Date of arrival** ..... hour .....

**Date of departure** .....

By :  airplane  
 train  
 car

*I would have the school transfer service from airport/train station to school*

**-How have you known the school?**

.....

**-Have you particularly demands?**

.....

.....

.....

The school will formulate an estimate of your applications, It will sign and send It to you. Taken Your vision we will attend Your confirmation through signature of the same and 30% payment of the sum from us owed for the course + fee registration, the rest is to be versed before arriving in Italy at least 30 days before.

Accommodation will be settled to Otranto before the beginning of the course.

*TO BE COMPLIED BY SCHOOL*

**Name and surname:** .....

**Course price :** .....

**Accommodation price:** .....

**Transport price:** .....

**Additional costs:** .....

**Total :** .....

Date ..... director signature .....

I took vision of Your estimate and I accept the same in all of its parts.

Date .....

Signature (of the parents for the minor) .....