

REGISTRATION FORM – DEMI-PAIRS

PERSONAL INFORMATION

SURNAME(S):		FIRST NAME:	
POSTAL ADDRESS:			
NATIONALITY:	MOBILE:	EMAIL:	
DATE OF BIRTH:	PROFESSION:	SMOKER: Y/N	

EDUCATION

SPOKEN ENGLISH LEVEL:	ADVANCED:	UPPER INTERMEDIATE:	INTERMEDIATE:	FAIR:
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COURSE: DEMI-PAIRS (ALL YEAR ROUND)

START DATE:	DURATION IN WEEKS:	8	12	16	18	20	24	26	28
EXAM PREPARATION COURSE:	FIRST CERTIFICATE: Y/N	CAMBRIDGE ADVANCED: Y/N			PROFICIENCY: Y/N				
ENGLISH LANGUAGE CLASSES:	20 HOURS PER WEEK:			10 HOURS PER WEEK:					

COURSE: DEMI-PAIRS (SUMMER SPECIAL)

MORNING CLASSES - 10 HOURS PER WEEK:	28 JUNE - 27 AUGUST	28 JUNE- 20 AUGUST	5 JULY - 27 AUGUST
EVENING CLASSES - 8 HOURS PER WEEK:	28 JUNE - 26 AUGUST	28 JUNE- 19 AUGUST	5 JULY - 26 AUGUST

ARRIVAL AIRPORT IN IRELAND:	DURATION:
FLIGHT NUMBER:	ARRIVAL TIME:

A DEPOSIT OF €150 {non-refundable} HAS BEEN TRANSFERRED FOR CREDIT TO THE ACCOUNT OF LIVING ENGLISH.

ACCOUNT NAME:	LIVING ENGLISH
BANK DETAILS:	IBAN CODE: IE 43 AIBK 933481 46550067 and SWIFT CODE: AIBKIE2D

A COPY OF BANK TRANSFER INSTRUCTIONS MUST ACCOMPANY THIS FORM. ALL FEES MUST BE PAID IN FULL 2 WEEKS PRIOR TO COURSE START. PARTICIPANTS ON THIS COURSE ARE NOT INSURED. A EUROPEAN HEALTH INSURANCE CARD SHOULD BE BROUGHT WITH YOU.

SIGNATURE:	DATE:
I UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS	