

ENROLMENT FORM - ITALIAN LANGUAGE COURSE

MB Scambi Culturali - via San Biagio 13 - 35121 Padova - ITALY

Tel: +39-049-875 52 97 Fax: +39-049-664186

E-Mail: info@mbscambi.com Web: www.mbscambi.com/incoming.html

PERSONAL DETAILS

First name: _____ Last name: _____ Male
 Date of birth: _____ Nationality: _____ Female
 First language: _____ Other language spoken: _____
 Address: _____
 City: _____ Province: _____
 Country: _____ Post Code: _____
 Telephone: (____) _____ Fax: (____) _____ E-mail: _____
 Emergency contact name: _____
 Emergency tel.: (____) _____

PERSONAL INFORMATION

Do you smoke: Yes No
 Do you have allergies? Yes No
 Do you have medical conditions we should be aware of? Yes No
 Do you take daily medication? Yes No
 Are you comfortable with children at home? Yes No
 Are you comfortable with other students at home? Yes No
 Are you comfortable with pets at home? Yes No
 Interests: _____

Please specify/comment on separate page
 Preferred age: _____

LANGUAGE COURSE

What is your status in Italy? Visitor Student Working holiday Other _____
 How did you discover MB? MB website Friend/family Agency (name): _____
 I consider my language level to be: Beginner Elementary Intermediate Advanced

Course:

- Group course (20 lessons per week, min 3 in group)
- One-to-one lessons (No. Lessons/wk _____)
- Italian language + Italian cooking course
- Italian language course + cultural itinerary
- Italian language course + wine and dine program
- Italian art course
- Italian language + opera course
- Italian language course for foreign Italian teachers
- Expatriate program

Date/Duration of Study:

Start date (d/m/y): ____/____/____
 End date (d/m/y): ____/____/____
 Total no. weeks: _____
 Total no. Hours: _____

Calculation of Course Fee:

Course price (tuition): € _____
 Course material: € _____
 School enrolment fee: € _____

} **Total course fee: € _____**

ACCOMMODATION REQUEST

Type of Accommodation:

- Homestay, bed & breakfast
 Homestay, half board
 Homestay, extra night
 Hostel, room only
 Single room, shared apartment, self catering
 Double room, shared apartment, self catering
 Hotel bed & breakfast

Date/Duration of Stay:

Check in (d/m/y): _____/_____/_____
Check out (d/m/y): _____/_____/_____
Number of nights: _____

Calculation of Accommodation Fee:

Accommodation fee € _____
Accommodation placement fee: € _____
Total accommodation fee: € _____

TRANSFER REQUEST

Name of airline, flight no. and times: _____

Airport transfer, Venezia Marco Polo (€80pp, one way): Yes (arrival journey) Yes (return journey) No

Airport transfer, Treviso (€150 pp - one way): Yes (arrival journey) Yes (return journey) No

Total transfer fee: € _____

TOTAL COST

Total course fee: € _____

Total accommodation fee: € _____

Total transfer fee: € _____

Total cost: € _____

30% deposit (payable now to confirm): € _____ Method _____

Balance (payable by start date): € _____ Method _____

Payment methods:

1) By bank transfer

Bank name: Banca Antonveneta (Location: Padova)

BANK CODES: SWIFT CODE: ANTBIT2P290 IBAN: IT21 L0504012190 00000 3141028

ACCOUNT NAME: MB Scambi Culturali s.r.l.

ACCOUNT NUMBER: C/C3141028

REASON FOR PAYMENT: MB Italian course + participant name + invoice number

2) By VISA or Mastercard (in person at the MB office)

3) In cash (in person at the MB office)

STUDENT CONTRACT

I declare that the information I have given is correct and accurate.

Student signature: _____ **Date: (d/m/y)** _____/_____/_____

or parent signature if under 18 years of age

Where parent has signed for a student under 18 years of age, please specify the parent's name in block letters: _____

Enrolment will be confirmed after payment of 30% deposit & receipt of a signed enrolment form

Fees must be paid in full before the course start date or upon arrival