

# ENROLMENT FORM

## PERSONAL DETAILS

Surname :		Name:	
Street:			
Post Code:	City:	Country:	
Telephone:		Mobile:	
Fax:		E-mail:	
Date of birth:	Nationality:	Profession:	

## COURSE DETAILS

Course	Number of weeks	Dates	
Mini-Group	Week(s)	from	to
CIP 120 – 20 hours	Week(s)	from	to
CIP 120 – 30 hours	Week(s)	from	to
CIP 120 – 40 hours	Week(s)	from	to

## LEVEL OF SPANISH

- Beginners
  Elementary
  Intermediate
  Advanced

## ACCOMMODATION

Do you want **inlingua** Las Palmas to organise accommodation for you :  Yes  No

Host Family (single room)	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Half Board
Hotel	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Half Board
Apartment (if available)	<input type="checkbox"/>	
Special requirements:		

## METHOD OF PAYMENT

- Through your **inlingua** representative
  Bank Transfer

Bank Details: BBVA, C/León y Castillo, 2, 35003 Las Palmas de G.C., Spain

Account Name: CANARIDIOM, S.L. (inlingua)

IBAN: ES06 0182 3466 1101 01 500860 BIC: BBVA ESMM

## DECLARATION

I wish to enrol on a course of Spanish as a Foreign Language at **inlingua** Las Palmas.  
As detailed above, I have read and agree to the Terms and Conditions of enrolment.

Date:

Signature:

Please return this form to: **inlingua** Las Palmas

by post:

C/Francisco Gourié 67-3º, 35002 Las Palmas de G.C., Spain

by fax:

(0034) 928 37 25 86

by e-mail:

[laspalmas@inlingua.es](mailto:laspalmas@inlingua.es)