

Mr. ___ Ms. ___ First Name: _____ Last Name: _____

Date of Birth: Day _____ Month _____ Year _____ First Language _____

Home Address: _____

City: _____ Postal Code : _____ Telephone: _____

Fax: _____ Email: _____

Agent Information (if applicable)

Company Name _____ Contact Name _____

Address: _____

City: _____ Postal Code : _____ Telephone: _____

Programs

Start Date MM/DD/YY Number of Weeks _____

I Speak ENGLISH \$210/Week

IELTS Preparation \$210/Week

Program Fee..... \$ ___ X _____ Weeks = \$ _____
 Registration Fee..... \$ 100.00
 Total..... \$ _____

I hereby certify that the information I have provided above is correct. I have read and understood the terms and conditions of program registration.

Signature _____ Date _____