

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

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

Home Address: _____

City: _____ Country: _____ Telephone: _____

Email: _____ Skype User ID: _____

Program

iSpeak ENGLISH Online Program - 10 private (one-on-one) online lessons

Note: lessons are 50 minutes in length

Tuition Fee

\$510

The 5 questions below will help us match you with an instructor:

1. Self Assessment: What is your English language level?

Advanced Intermediate Beginner

2. Which days of the week are you *usually* available for lessons?

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

3. What time of the day are you *usually* available for lessons?

Your Local Time _____

4. How many lessons would you like to have each week? _____

5. Have you ever studied English abroad in an English speaking country?

Yes No

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 _____