

Registration Form 2015

1 Personal details	
Family name: Given name: Title: Correspondence to: <input type="checkbox"/> Student/parents <input type="checkbox"/> Company	
Address: Town: Post Code: Country: Phone: Fax: E-mail: Emergency phone: Nationality: Mother tongue: 2nd language (if bilingual): Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: Smoker <input type="checkbox"/> Yes <input type="checkbox"/> no Special diets or allergies: Contraindicated medication:	
How long have you studied Spanish? Level A1 = beginner C2 = Advanced Oral: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 Written: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 Have you taken a course with OISE before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, in which centre(s) and in which year(s) If not, how did you find out about OISE Madrid? <input type="checkbox"/> Newspaper. Which one? <input type="checkbox"/> Advert, where? <input type="checkbox"/> Study abroad guide. Which? <input type="checkbox"/> Internet, Which search engine? <input type="checkbox"/> Trade fair, which one? <input type="checkbox"/> Recommendation From a friend/colleague <input type="checkbox"/> Other. Please specify:	
2 Accommodation	
Accommodation required: <input type="checkbox"/> Host Family <input type="checkbox"/> student residence <input type="checkbox"/> hotel <input type="checkbox"/> none* *In this case, please indicate your address	
3 Course and accommodation dates	
Accommodation: From: _____ To: _____ lessons From: _____ To: _____	

4 Program
Which program? Tutorial <input type="checkbox"/> Individual programme - 30 tutorial hours per week <input type="checkbox"/> Individual programme - 25 tutorial hours per week <input type="checkbox"/> Individual programme - 20 tutorial hours per week <input type="checkbox"/> Individual programme - 15 tutorial hours per week <input type="checkbox"/> Prépa Individual - 25 tutorial hours per week <input type="checkbox"/> Prépa Individual- 20 tutorial hours per week
Quatorial <input type="checkbox"/> Quatorial programme <input type="checkbox"/> Quatorial + 15 Tutorials <input type="checkbox"/> Quatorial + 10 Tutorials <input type="checkbox"/> Quatorial + 5 Tutorials <input type="checkbox"/> Quatorial Compact <input type="checkbox"/> Prépa Group
Exam preparation Please state the exam for which you wish to prepare:
Other Information Please add any additional information which will help OISE Madrid prepare your personalised Spanish course:
5 Travel
Airport transfer: <input type="checkbox"/> none <input type="checkbox"/> only arrival <input type="checkbox"/> return Please indicate to which airport you will arrive. Please send your flight details as soon as possible.

6 Additional information – adult professionals

Occupation:

Name and address of your company/organisation:

Name of Training Manager:

Phone:

Aim of the course

- Technical Business
 General Other

Speciality:

- Meetings Presentations Writing
 Phone Negotiations Conversation

7 Additional information – students

Name and address of your school/college/university:

Name of your Spanish teacher:

8 Extra information

Please use this space for any extra information you consider relevant to your reservation.

9 Insurance, payment and signature

Please indicate your insurance coverage:

Payment

Deposit: 400 euros when making the booking
Rest of the course: 4 weeks before the Start of the course.

- Cheque payable to: ACE Consultores de Idiomas, SAU
- Bank transfer to: ACE Consultores de Idiomas, SAU
Banco Popular, IBAN : ES 26
0075 0204 98 0600465385
POPUESMM

- Credit card

Card number

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Expiry date

□□ □□

Please indicate payer's name and Identity number:

I have read and accept the terms and conditions of OISE.

Signature

Date

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