

Booking form

1. Personal details

Family name: _____

First name: _____

Title: Mr Ms Mrs Miss

Correspondence to: student company

Address: _____

Town: _____

Postcode: _____

Country: _____

Tel. with code: _____

Mobile: _____

Fax with code: _____

Emergency tel. with code: _____

Email: _____

Nationality: _____

Mother tongue: _____

2nd language (if bilingual): _____

Sex: male female

Date of birth: _____

Smoker: yes no

Special diet/allergies: _____

Medications not permitted: _____

How long have you been studying the language?

Level: 1=beginner 5=very good

oral: 1 2 3 4 5

written: 1 2 3 4 5

Have you attended an OISE course before? yes no

If yes, which school(s) and year(s): _____

2. Accommodation

Accommodation required:

family student residence hotel none*

* If none, please supply the address where you will be staying.

3. Course and accommodation dates

Course:

from: _____ to: _____

Accommodation:

from: _____ to: _____

4. Course

Tutorial™ programmes

«à La Carte»: 30 h 25h 20h 15h

The Integrated Tutorial™

Quatorial™ programmes

The Quatorial™ programme (including 5 Tutorial™)

Quatorial™ programme + 15 Tutorial™

Quatorial™ programme + 10 Tutorial™

Quatorial™ programme + 7.5 Tutorial™

Pure Quatorial™ programme (without Tutorial™)

Please use this space to supply any special requirements related to your exam

Do you wish us to register you for an exam?

yes no

Please indicate the school you wish to attend:

UK: Oxford Germany: Heidelberg

Cambridge France: Paris

London Spain: Madrid

Bristol

USA: Boston

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5. Information for professionals

Occupation: _____

Name and address of your company/organisation

Name of the training manager: _____

Tel. with code: _____

Course objective:

- technical business
 general other:

Specialisations:

- meetings presentations correspondence
 telephone negotiations conversation

Please use this space to supply any special requirements related to your profession

6. Information for university/college students

Name and address of your school/college/university:

8. Where did you hear about OISE?

Name of the language tutor:

7. Taxi transfer

- on arrival on departure

8. Where did you hear about OISE?

newspaper, which newspaper/magazine? _____

advertisement, which publication? _____

language course guide, which guide? _____

internet, which search engine? _____

exhibition, which exhibition? _____

recommendation by friend/colleague _____

other, please specify: _____

9. Insurance, payment and signature

Please give details of your insurance cover:

I want to pay my deposit of GBP 300 / USD 500 / 400 EUR

I want to pay my full course fees

I want to pay by:

attached cheque in Euro bank transfer

credit card: VISA Mastercard

Card number:

□□□□ □□□□ □□□□ □□□□

Expiry date: □□ - □□ CCV: (on back of card) □□□

Cardholder:

Please give name and address of cardholder if details differ from those listed under Personal details.

I agree to the use of my personal information, including my health and religious or dietary requirements, set out in the terms and conditions.

yes no

I agree that you can send me occasional information about OISE group courses and services. yes no

I have read the Terms and Conditions and agree to abide by them

Signature: _____ Date: _____

Please return this form to:

OISE Sprachtraining (D) GmbH

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D-69115 Heidelberg

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Fax: + 49 (0) 6221 9058211

Email: heidelberg@oise.com

www.oise.com