

# 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™)

The Bristol Curriculum™ programmes

The Bristol Curriculum™

The Bristol Curriculum™ + 7.5 Tutorial™

The Bristol Curriculum™ + 5 Tutorial™

The Pre-Undergraduate Semester

Are you preparing for an exam?     yes  no

Which exam? \_\_\_\_\_

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  
                   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 UK £ Sterling     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 International Clients**

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Oxford, OX20EY, UK

Tel: +44 1865 922522

Email: [internationalclients@oise.com](mailto:internationalclients@oise.com)

[oise.com](http://oise.com)