

APPLICATION FORM 2009



Estudio Sempere

Please print in capital letters and fill in each category completely in black ink.

1. PERSONAL DATA:

LAST NAME _____
 FIRST NAME _____ MIDDLE NAME _____
 SEX M F DATE OF BIRTH _____ / _____ / _____
DAY MONTH (JAN, FEB, ETC.) YEAR FORMER ESTUDIO YES NO
SAMPERE STUDENT
 NATIONALITY _____ OCCUPATION _____
 PHONE NUMBER (_____) _____ - _____ FAX (_____) _____ - _____
 E-MAIL _____

I WANT ALL MATERIAL AND INFORMATION TO BE MAILED TO THIS ADDRESS:

COMPLETE ADDRESS: # STREET APT. _____
 CITY, STATE AND ZIP CODE _____

 COUNTRY _____

UNIVERSITY/SCHOOL /COMPANY

I HEARD ABOUT ESTUDIO SAMPERE THROUGH

CURRENT LEVEL OF SPANISH:

NONE ELEMENTARY INTERMEDIATE ADVANCED HIGHER YEARS OF STUDY

(ALL STUDENTS WILL TAKE A PLACEMENT TEST THE FIRST DAY OF CLASS TO DETERMINE EXACT LEVEL OF INSTRUCTION)

2. COURSE DETAILS:

I WOULD LIKE TO ENROLL IN A _____ WEEK COURSE STARTING ON _____ THROUGH _____ 2009
(number of weeks) MONDAY MONTH FRIDAY MONTH (JAN, FEB, ETC.) (JAN, FEB, ETC.)

Indicate with an

IN MADRID ■ IN SALAMANCA ● IN ALICANTE ◆ IN ECUADOR ★

INTENSIVE COURSE ■●◆★ COMBINED COURSE ■●◆ ESPAÑOL PARA SIEMPRE ■●◆
 INTENSIVE PLUS ■●◆★ ART & CRAFTS (CUENCA) ★
 JUNIOR COURSE ● TOTAL IMMERSION "ONE-TO-ONE" LESSONS/WEEK ■●◆★
 SPRING SEMESTER ■●◆ FALL SEMESTER ■●◆ SUMMER SESSION ■●◆

STARTING MONDAYS FOR COMBINED COURSE:

MADRID SALAMANCA ALICANTE
 _____ / _____ DAY MONTH DAY MONTH DAY MONTH
(JAN, FEB, ETC.) (JAN, FEB, ETC.) (JAN, FEB, ETC.)

Indicate with an

3. ACCOMMODATION:

NO ACCOMMODATION STUDENT ROOM ■●◆
 FAMILY ACCOMMODATION ■●◆★ SINGLE ROOM ■●◆★ HALF BOARD ■●◆ (2 meals per day)
 DOUBLE ROOM ■●◆ FULL BOARD ■★ (3 meals per day)

4. OTHER: Allergies. Special Diets. Non smoker. Comments:

.....
 Passport Number

5. UNIVERSITY CREDITS: I wish to have my transcript sent to my University for Credit: ESTUDIO SAMPERE TRANSCRIPT

Name and e-mail address of contact person at home University:

Student ID Number at home University:

Title and number of course(s) chosen at Estudio Sempere:

Complete physical address including zip code of home University:

DETACH PAGE OR COPY AND MAIL/FAX. PLEASE READ THE DESCRIPTION OF THE COURSE AND THE CONDITIONS OF ENROLLMENT CAREFULLY.

FAX TO: (707) 431-1685
 SEND TO: DOROTHY RUDY, P.O. BOX 1434, HEALDSBURG, CALIFORNIA 95448



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6. ARRIVAL:

PLEASE CHECK YOUR DAY OF ARRIVAL ESPECIALLY IF YOU TAKE AN OVERNIGHT FLIGHT FROM THE US TO SPAIN.

NOTE: STUDENTS LEAVING THE US WILL ARRIVE IN SPAIN ON THE NEXT DAY.

STUDENTS LEAVING THE US WILL ARRIVE IN ECUADOR ON THE SAME DAY.

MY DATE OF ARRIVAL AT ON / 2009 AT.....
AIRPORT/CITY DAY MONTH TIME
(JAN, FEB, ETC.)

FLIGHT NUMBER: AIRLINE: LAST CITY OF DEPARTURE:

Indicate with an I WISH TO BE MET AT THE AIRPORT YES (TO BE PAID WITH THE INVOICE) NO

SPAIN: MADRID-BARAJAS ALICANTE

ECUADOR: QUITO GUAYAQUIL

7. PAYMENT:

BANK DRAFT PERSONAL CHECK CREDIT CARD OTHER:

COURSE FEES +ACCOMMODATION +TRANSFER/OTHERS:
US\$ US\$ US\$

+ 150 US\$ REGISTRATION FEE (AND HEALTH INSURANCE IN SPAIN): =TOTAL
US\$

<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD
NAME ON CREDIT CARD
CREDIT CARD N° : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EXPIRATION DATE /
SECURITY CODE, ALSO KNOWN AS V-CODE IDENTIFICATION NUMBER
Total amount authorized for charge US\$
AUTHORIZED SIGNATURE:

Your signature is taken as an acceptance of the conditions and refund policies in the brochure of *Cursos Intensivos de Español* of Estudio Sampere.

Date

SIGNATURE



Estudio Sampere