



## ENROLMENT FORM

Please write in block capitals

### PERSONAL INFORMATION

MR    MS

NAME ..... SURNAME .....

HOME ADDRESS .....

CITY ..... ZIP/POSTCODE .....

COUNTRY .....

TELEPHONE ..... FAX .....

EMAIL .....

AGE ..... PROFESSION .....

MOTHER TONGUE .....

### KNOWLEDGE OF ITALIAN:

beginner    elementary    intermediate    advanced    proficiency

### HOW DID YOU HEAR ABOUT ARCA?

On the Internet    Through friends/former students

Other (please specify): .....

**COURSE**

TYPE OF COURSE .....  
DURATION (NUMBER OF WEEKS) .....  
FREQUENCY (HOURS PER WEEK) .....  
COURSE PRICE .....  
COURSE STARTING DATE .....

**ACCOMODATION**

Would you like our help in finding and booking accomodation?  Yes  No  
If yes, please specify which kind of accomodation you require: .....  
.....  
Smoker?  Yes  No

Allergies?  
 Yes, I am allergic to: .....  
 No

Any other details concerning the accommodation required (e.g. family or students, pets, Internet access, etc.): .....  
.....

**TRANSFER**

Would you like to be picked up by one of our staff at your arrival (price on request)?  
 Yes  No

**DEPOSIT**

To enrol, you need to make a minimum advance payment of € 150,00 . Enter the amount you wish to pay below:  
€ .....

NB If you are entitled to a discount, this will be deducted from the balance payment.  
Please select your chosen method of payment:

Bank Transfer  Credit Card (through the safe system Pay Pal on Arca website)

SIGNATURE ..... DATE .....

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Please send the complete form to:

- Email: [info@arca-bologna.com](mailto:info@arca-bologna.com)
- Fax: +39 051 225314