

LIVE & LEARN ENROLLMENT FORM

FAX : 416 925 5990 MAIL: Languages Abroad, 386 Ontario Street, Toronto, ON. Canada M5A 2V7

PERSONAL DETAILS:

PLEASE PRINT CLEARLY

First Name: _____ Family name: _____ Sex: M / F _____
Address: _____
City: _____ Province/State: _____
Postal code: _____ Country: _____ Citizenship: _____
Tel.# (Home): _____ Tel. # (Work): _____ Profession: _____
Fax #: _____ E-mail address: _____
Date of birth: D ____ /M ____ /Y ____ Age: _____ Smoker/non smoker: _____
Contact Person in case of an emergency: (Name / Tel. #): _____
How did you hear of Languages Abroad?: _____
What are you expecting from this experience: _____
Do you wish a course report: _____
Do you have any hobbies or specific interests: _____

REGION AND COURSE INFORMATION:

Region location (Please list 3 choices in order of preference): 1. _____ 2. _____ 3. _____
Country: _____
Course Type (10 / 15 / 20 / 25 / 30 Hours per Week): _____
Course dates: From D ____ /M ____ /Y ____ To D ____ /M ____ /Y ____ Weeks _____
Language level (Beginner / Intermediate / Advanced): _____
Any other language experience or spoken: _____

ACCOMMODATION CHOICE:

Accommodation choice (host family - 3 meals daily / hotel): _____
Single / Double (only available if 2 people are travelling together) : _____
Do you have any special health conditions or dietary requirements: _____
Smoking: _____ Non-smoking: _____ Accept a family that smokes: _____
Private bathroom (additional cost): _____
Additional comments (Please add another sheet if needed) _____

PROGRAM FEES & ADDITIONAL OPTIONS (All prices in US Dollars):

Basic Program Fees (Tuition, accommodation, catering)	\$ _____
Medical/Travel insurance coverage for the program length.	
From: D ____ M ____ Y ____ To: D ____ M ____ Y ____	
(Cost is \$30.00 per week) \$ 30.00 x _____ Weeks	\$ _____
Extra Nights Accommodation	\$ _____
Airport pick up (If applicable) _____	\$ _____
Late Booking Fee (Applies to programs booked within 45 days of course start date)	\$ _____
	\$ _____
	Total Program Price

APPLICANT'S SIGNATURE _____ DATE D ____ /M ____ /Y ____

By signing this form you understand the general terms and conditions of Languages Abroad and agree to them.

Important: Please read all notes below!

Please complete and submit the enrollment form (with payment) either by fax to (416) 925 5990 or mail it to the address, located at the top of this form.

Please note that a deposit of US\$300.00 must be received with all enrollments.

If registering by mail, please enclose this completed form as well as a cheque (or a credit card approval form).

If paying by credit card, please print off the credit card approval form (this can be found on our website) and fax this along with your enrollment to (416) 925 5990.

Should you have any further questions please call us at 1 800 219 9924 Or (416) 925 2112