

Enrolment Form

Please fill in the enrolment form and send it back to:
e-mail: ilmac@corsi.toscana.it / Fax (+39) 050 48157

Name: _____ Surname: _____

Place and date of birth: _____

Address (Street, Post Code, City, State): _____

Tel: _____ Fax: _____ e-mail: _____

Profession: _____

Present Knowledge of Italian Language:

None Little Medium Good

I would like to book the following course (type of course):

from _____ to _____

I have learned about „Associazione Interculturale ILMac“ through:

Accommodation

I do not need accommodation

Please book the following accommodation for me (please indicate two options):

Family: with breakfast half-board

Room in a shared apartment with common kitchen and bathroom

Double Room Single Room

Date Signature

*According to the law for data protection of 30/06/2003 Nr.196 we guarantee
to treat your data as strictly confidential!*