

To book your Spanish language course please complete this form and return it by email, post or by fax to:

Españolé International House Valencia
C/ de La Nave, 22 y 25 - 46003 Valencia Spain

Tel: +34 96 3530404
Fax: +34 96 3531929
info@espanole.es

Personal details

Family name		First name	
Address			
Postcode	City/Town		Country
Telephone		Fax	
E-mail		Date of birth	Sex
Nationality		Passport number	
Occupation			

Contact details in case of emergency

Name	
Telephone	E-mail

Spanish courses (Please tick ✓ your choice)

General Spanish	<input type="checkbox"/> Intensive 20	<input type="checkbox"/> Intensive 25	<input type="checkbox"/> Intensive Plus	<input type="checkbox"/> Superintensive
	<input type="checkbox"/> One to one 5	<input type="checkbox"/> One to one 10	<input type="checkbox"/> One to one 20	<input type="checkbox"/> One to one <input type="checkbox"/> One to two
Exam preparation	<input type="checkbox"/> DELE	<input type="checkbox"/> Chamber of Commerce Business Spanish		
Business Spanish	<input type="checkbox"/> Spanish for business			
Academic preparation	<input type="checkbox"/> 20 week course	<input type="checkbox"/> 30 week course		
Work and study	<input type="checkbox"/> Internship placement	<input type="checkbox"/> Aupair/Demi pair placement	<input type="checkbox"/> Volunteer work placement	
Group programmes	<input type="checkbox"/> (Please ask for a special form)			
Summer programmes	<input type="checkbox"/> Teenagers	<input type="checkbox"/> Spanish and sailing	<input type="checkbox"/> Family programmes	

Please complete

To begin (Date)	for (number of weeks)
How long have you been studying Spanish?	
Aproximated level of Spanish	<input type="checkbox"/> Elementary <input type="checkbox"/> Preintermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Accommodation (Please tick ✓ your choice)

Shared Apartment	<input type="checkbox"/> Single Room	<input type="checkbox"/> Double Room
Host Family	<input type="checkbox"/> Single Room	<input type="checkbox"/> Double Room
	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Half board <input type="checkbox"/> Full board
Student Residence	<input type="checkbox"/> Single Room	<input type="checkbox"/> Double Room
	<input type="checkbox"/> Self catering	<input type="checkbox"/> Breakfast <input type="checkbox"/> Half board <input type="checkbox"/> Full board
Studio	<input type="checkbox"/> Single	<input type="checkbox"/> Double

Arriving on	Leaving on	Number of nights
<input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker	

Is there any information we should know (e.g. allergies, food, medical requirements...)?

Transfer service Complete if you require this service

<input type="checkbox"/> Arrival	<input type="checkbox"/> Departure	<input type="checkbox"/> Arrival and departure
Arriving to <input type="text"/> (Complete if you already have the information. It is required 4 days before arriving)		
<input type="checkbox"/> Airport	<input type="checkbox"/> Train station	<input type="checkbox"/> Bus station
Flight/train/bus number <input type="text"/>		Arrival date <input type="text"/>
I require medical insurance. Nº of weeks <input type="text"/>		Arrival time <input type="text"/>

Payment details

Deposit	Please note that your enrolment can only be confirmed when we receive the deposit.		
The payment of the deposit will be made. Please tick ✓ your choice			
<input type="checkbox"/> By bank transfer in € to	Name of beneficiary TODO IDIOMAS S.L. Bank name CAJA DE AHORROS Y PENSIONES DE BARCELONA (La Caixa) Bank address Avda. los Naranjos s/n - Edificio Galileo Galilei - 46022 Valencia - Spain ACCOUNT 2100 4602 46 2200036346 IBAN ES78 2100 4602 4622 0003 6346 BIC: CAIXESBB		
<input type="checkbox"/> By Credit card	Credit card nº <input type="text"/>	<input type="text"/>	<input type="text"/>
	Expiry date of card <input type="text"/>	<input type="text"/>	<input type="text"/>
	Cardholder's name <input type="text"/>	<input type="text"/>	
	Cardholder's signature <input type="text"/>	<input type="text"/>	

The balance	Please note that the balance must be paid 2 weeks before the course starts.		
The payment of the balance (total invoice less the deposit) will be made. Please tick ✓ your choice			
<input type="checkbox"/> By bank transfer in € to	Name of beneficiary TODO IDIOMAS S.L. Bank name CAJA DE AHORROS Y PENSIONES DE BARCELONA (La Caixa) Bank address Avda. los Naranjos s/n - Edificio Galileo Galilei - 46022 Valencia - Spain ACCOUNT 2100 4602 46 2200036346 IBAN ES78 2100 4602 4622 0003 6346 BIC: CAIXESBB		
<input type="checkbox"/> By Credit card	Credit card nº <input type="text"/>	<input type="text"/>	<input type="text"/>
	Expiry date of card <input type="text"/>	<input type="text"/>	<input type="text"/>
	Cardholder's name <input type="text"/>	<input type="text"/>	
	Cardholder's signature <input type="text"/>	<input type="text"/>	

I have read and agree with the conditions of enrolment

Date <input type="text"/>	Signed <input type="text"/>	Signature of parent (if student under 18) <input type="text"/>
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