

# ACTILANGUE - ENROLMENT FORM

Please send to: [contact@actilangue.com](mailto:contact@actilangue.com)

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Family name		First name	
Date of birth	Sex	Occupation	Nationality
Street			
Post code/Town		Country	
Telephone	Fax	e-mail	
How did you hear about Actilangue ?			

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I hereby enrol for :

Course No 1 (4 less. daily)	<input type="checkbox"/>	Junior Programme (16-20)	<input type="checkbox"/>
Course No 2 (5 less. daily)	<input type="checkbox"/>		
Course No 3 (6 less. daily)	<input type="checkbox"/>	Extra lessons DELF	<input type="checkbox"/>
Combination Course:	C25 <input type="checkbox"/>	C30 <input type="checkbox"/>	
Private Course:	EI20 <input type="checkbox"/>	EI25 <input type="checkbox"/>	EI30 <input type="checkbox"/> EI40 <input type="checkbox"/> EI50 <input type="checkbox"/>

Date of the course: \_\_\_\_\_ Duration (weeks): \_\_\_\_\_

Promotion code: \_\_\_\_\_

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I wish to live with a family	<input type="checkbox"/>	Single	<input type="checkbox"/>	Double
<input type="checkbox"/> Half board	<input type="checkbox"/>	Full board	<input type="checkbox"/>	Room and breakfast
Transfers	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
	<input type="checkbox"/>	Airport	<input type="checkbox"/>	Station

Time of arrival ..... Flight/train No .....

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I wish to live in the flat Nice-Ville	<input type="checkbox"/>	Number of person.....
I wish to live in the flat BV	<input type="checkbox"/>	Number of person.....
I wish to live in the Residence Azur Campus	<input type="checkbox"/>	Number of person.....
I wish to live in the Residence France Riviera	<input type="checkbox"/>	Number of person.....

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I wish to live in the Apart'hotel	<input type="checkbox"/>	Ajoupa	<input type="checkbox"/>	Adagio Magnan	<input type="checkbox"/>
Studio <input type="checkbox"/>	2-roomed flat <input type="checkbox"/>	3-roomed flat <input type="checkbox"/>	Number of person.....		

I wish to live in the hotel.....  Single  Double

Date of arrival: \_\_\_\_\_ Date of departure: \_\_\_\_\_

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Knowledge of the French language	<input type="checkbox"/>	beginner	<input type="checkbox"/>	almost beginner
<input type="checkbox"/> fair to intermediate	<input type="checkbox"/>	intermediate	<input type="checkbox"/>	good
			<input type="checkbox"/>	very good

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Form of payment	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Postal order
<input type="checkbox"/> Bank transfer	<input type="checkbox"/>	Credit card (Visa, Mastercard):				

Credit card No: \_\_\_\_\_ Valid thru: \_\_\_\_/\_\_\_\_ (MM/YY)

Last 3 numbers on the back of the card: \_\_\_\_\_ Card holder: \_\_\_\_\_