

GERMAN LANGUAGE CENTRE / EAST MELBOURNE LANGUAGE CENTRE APPLICATION

COURSE APPLYING FOR

Language: _____ Class/Level: _____ Date: _____

ADDRESS INFORMATION

Name: _____

Postal Address: _____

Suburb: _____ Post Code: _____

Telephone: _____ Mobile: _____

E-Mail Address: _____

GENERAL INFORMATION

Reasons for enrolling
(Please tick most appropriate)

- Professional Travel
 Cultural Educational
 Other _____

How did you hear about us?

PAYMENT DETAILS

Visa Mastercard Bankcard

Card Number: _____

Card Expiry: _____

My remittance of \$ _____ is enclosed.

Fees are payable at the time of enrolment by cheque, credit card payment or in cash and are refundable until one week prior to the commencement of the class.

I have read and I accept the conditions.

Signed: _____

Date: _____

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