

REGISTRATION FORM FOR PRIVATE COURSES



NAME: _____ FIRST NAME : _____

ADDRESS: _____

TEL: _____ FAX : _____

CELL: _____ E-MAIL : _____

ADULT : _____ TEENAGER : (age) _____ CHILDREN : (age) _____

LEVEL OF FRENCH : _____ TEACHER : _____

GENERAL FRENCH : _____ GRAMMAR : _____ CONVERSATION : _____

NUMBER OF HOURS : _____ SPECIALIZED FRENCH : _____

RYTHM OF COURSES : _____ HOURS PER DAY-WEEK-MONTH: _____

NUMBER OF COURSES : _____ PER WEEK

TIME SCHEDULE : _____ AM _____ PM DAY OF COURSES : _____

LOCATION : ALLIANCE FRANCAISE _____ RESIDENCE _____ OFFICE _____

ADDRESS : _____

RATES :

1 hour at the Alliance: \$ 55.00 x ____ = _____ 10 hours package : \$ 475.00

1 transportation fee(if applicable): \$ 15.00 x ____ = _____

- When applicable, an extra \$ 12 transportation fee per class will be charged.

- PAYMENT SHOULD BE MADE IN ADVANCE (when requesting the class).

- In case of CANCELLATION or change of schedule, Alliance Française de Miami or the teacher should be notified THE DAY BEFORE the original schedule class. In case of failure to do so, the cancelled class will be considered as taken and charged accordingly.

Applicant's signature : _____

Date :

THANK YOU FOR JOINING ALLIANCE FRANCAISE COURSES

PAYMENT METHODS

Upon submitting this registration form via Fax, payments may be made by:

- 1.- Calling the Alliance Française de Miami to provide your Credit Card information at 305 859 8760
- 2.- Mailing this form to the Alliance Française de Miami together with a check for the proper amount .

Alliance Française de Miami
618 SW 8 ST

Miami. FL 33130