



Please send this registration form by 1) mail, 2) Fax or 3) E-mail – with the receipt of the payment of the account of course(s) chosen and two photographs to: 1) ISTITUTO EUROPEO, Via del Parione, 1 (Tornabuoni) - 50123 Firenze, Italy, 2) Fax: +39055289145, 3) E-mail: info@istitutoeuropeo.it – http://www.istitutoeuropeo.it

**ENROLLMENT FORM** (please write clearly!)

Surname ..... Name .....  
 Date of birth ..... Sex M  F   
 Profession ..... Smoker   
 Nationality .....  
 Mother tongue ..... Other languages spoken .....  
 Address.....  
 Postal code ..... City ..... Country .....  
 Tel ..... Fax ..... E-mail .....  
 Allergies  If yes, to what?..... Vegetarian?

**Knowledge of the Italian language**

none  elementary  average  good

NUMBER OF COURSE(S) CHOSEN:.....

From ..... until .....

**Accommodation:** Yes  No  If 'Yes' please complete the following

- Individual apartment
- Single room in a student apartment
- Double room in a student apartment
- Single room within Italian family with breakfast and dinner
- Double room within Italian family with breakfast and dinner
- Pension  Single room with breakfast
- Double room with breakfast

Other requests (Airport requests, etc.).....

I knew about ISTITUTO EUROPEO through  Internet  Italian Cultural Institute  Consulate  
 University  ENIT  ex- students  Agent or Agency.....  other: .....

**\*Payment:** I have already paid the amount in Euro ..... by

International post money order  Bank transfer

**\*Payment with credit card:** amount in Euro .....

Eurocard/Mastercard  Visa/Bancamericard

Card number..... expiration date.....

Cardholder's Name and Surname. ....

If you are using a Visa, Mastercard, it is a 3 digit number that appears to the right of your card number (see below).

CV2 CODE 

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Date and place..... Signature .....

\* REGISTRATION FEE: The registration fee of 70 Euro, valid for 12 months, will automatically be charged.