

REGISTRATION FORM

MRS. MR.

FIRST NAME _____

LAST NAME _____

DATE OF BIRTH _____ / _____ / _____

ADDRESS _____

TEL. _____

FAX _____

EMAIL _____

OCCUPATION _____

NATIONALITY _____

NATIVE LANGUAGE _____

OTHER LANGUAGES SPOKEN _____

I KNOW ABOUT ROMANICA THROUGH: _____

I WOULD LIKE TO REGISTER TO THE FOLLOWING COURSE: _____

from _____ to _____

MY LEVEL OF ITALIAN:

I DON'T SPEAK ITALIAN
UPPER-INTERMEDIATE

ELEMENTARY
ADVANCED

INTERMEDIATE

ACCOMMODATION:

IN A FAMILY

IN AN APARTMENT

IN A HOTEL

NOT REQUIRED

SINGLE ROOM

DOUBLE ROOM

SMOKING

NON SMOKING

ANY PARTICULAR NEEDS OR COMMENTS:

- I will enclose a copy of the receipt for the deposit of € 150.
- I have carefully read and accept the regulations of Romanica.
- I read the privacy policy and agree to my personal data treatment in accordance with the G.D.P.R. General Data Protection Regulation – Regulation (EU) 2016/679

EMERGENCY CONTACT PERSON _____

Date _____ Signature _____

ROMANICA

accademia italiana di lingua e cultura

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