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## Welcome! Benvenuti to Italiano Language Center!

### Registration Form for Standard Group Courses

**It's easy to register... > Complete all pertinent parts > Register by mail, phone, fax, e-mail, or in person.**

The following five-level courses are held throughout the year and are offered in **8, 10 weeks**, once or twice a week. **12 and 16 weeks**, twice a week **Only**. Each class is of **90 minutes** based on **Conversation** and **Grammar** or **Conversation Only**.

Once or Twice a week	<b>8 Issns</b> (8 or 4 wks) <input type="checkbox"/> Conv & Gram <input type="checkbox"/> Conv Only <input type="checkbox"/> <b>\$179</b>	<b>10 Issns</b> (10 or 5 wks) <input type="checkbox"/> Conv & Gram <input type="checkbox"/> Conv Only <input type="checkbox"/> <b>\$219</b>
Twice a week Only	<b>12 Issns</b> (6 wks) <input type="checkbox"/> Conv & Gram <input type="checkbox"/> Conv Only <input type="checkbox"/> <b>\$249</b>	<b>16 Issns</b> (8 wks) <input type="checkbox"/> Conv & Gram <input type="checkbox"/> Conv Only <input type="checkbox"/> <b>\$319</b>
Jump in	<b>New students</b> can join any class at any time. Level evaluation is required and might be done by phone or in person by paying <b>\$25</b> at the door which will be waived with registration in any one of the above packages.	
Levels	<input type="checkbox"/> <b>Beginning II</b> <input type="checkbox"/> <b>Beginning III</b> <input type="checkbox"/> <b>Intermediate I</b> <input type="checkbox"/> <b>Intermediate II</b> <input type="checkbox"/> <b>Advanced</b>	
Day and Time	<input type="checkbox"/> <b>Monday Time:</b> _____	<input type="checkbox"/> <b>Wednesday Time:</b> _____
	<input type="checkbox"/> <b>Tuesday Time:</b> _____	<input type="checkbox"/> <b>Thursday Time:</b> _____
Course Duration	<input type="checkbox"/> <b>Friday Time:</b> _____	<input type="checkbox"/> <b>Saturday Time:</b> _____
	<b>Starting Date:</b> ____ / ____ /2010 <b>Ending Date:</b> ____ / ____ /2010	For office use only:

**Please read carefully and complete all pertinent parts:**

- From above, select your **Course(s)**, **level**, **day and time** and **Course Duration**.
- When you sign up for a course, you are making a commitment to attend class(es) each week at the scheduled time. Your consistent attendance will provide you with a more complete learning experience. Your course has to be completed within the registration period. **In the event you have to miss a class, please contact us at least 24 hours prior to your class. You may makeup the missing class(es) in any one of the available courses within the registration period.**
- In case you decide to withdraw from your course, please notify us in writing before **5:00 p.m.**, three business days prior to the class start date. A full refund will be issued, minus a **\$20** processing fee. **No refunds will be allowed after a class begins. A credit toward other courses might be given.**
- Failure to attend class or stopping payment on a check does not constitute withdrawal. A **\$25** fee will be charged for returned checks and stop payments.
- If you wish to check us out, or to attend any class, you can simply "walk-in" and pay at the door. Only **\$25** per session. Please call ahead to reserve.
- Textbook(s) not included. Handouts included. No Textbook required for Conversation Only courses.

*Prices, policy and class schedule are subject to change without notice.*

### REGISTRATION INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_ BD (optional) Month \_\_\_\_ Day \_\_\_\_  
 Company \_\_\_\_\_ Job Title \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ Bus: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell \_\_\_\_\_  
 Email: \_\_\_\_\_ http:// \_\_\_\_\_

### PAYMENT INFORMATION

Cash  Money Order  Check payable to **Ital-Multilanguage** or  Visa  Master Card  Amex

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Name as it appears on the credit card \_\_\_\_\_

Billing address of the Credit Card: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**For the acceptance of the above terms, please sign below. Thank you.**

**Authorizing Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ITALIANO Language Center** - 5064 Roswell Rd, Building D, Suite D-302 Atlanta, GA 30342 Tel: 404.250.1122 Fax: 404.601.1977  
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## Welcome! Benvenuti to Italiano Language Center!

To better serve you, please complete the following survey. Thanks.

First name \_\_\_\_\_ Last name \_\_\_\_\_ BD (optional) \_\_\_\_\_

How did you learn about us?  Internet  Yellow pages  White pages  Flyer  Newspaper  Direct mail  
 Referred by a friend (name): \_\_\_\_\_  Other \_\_\_\_\_

Why you want to study Italian?  Business  Travel  Both  Other \_\_\_\_\_

Have you studied Italian?  Yes  No When \_\_\_\_\_

Where? \_\_\_\_\_

For how long? \_\_\_\_\_

What other language(s) do you speak, read and write? \_\_\_\_\_

Have you been to Italy?  Yes  No When? \_\_\_\_\_

Where? \_\_\_\_\_

Are you planning a trip to Italy?  Yes  No  Business  Travel  Both  When \_\_\_\_\_

Where? \_\_\_\_\_

Would you be interested in further study?  Yes  No  Here  In Italy When? \_\_\_\_\_

What do you expect from this course? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Call: 404.250.1122

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Fax: 404.601.1977

Standard courses survey-2010