



REGISTRATION FORM

1) Personal Information:

<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
First Name:	Family Name:
Date of Birth:	Nationality:
Profession / Studies:	
Mother tongue:	
Other languages known : 1. 2. 3. 4. 5.	Level: 1. 2. 3. 4. 5.
Home address:	
City:	Postal Code:
Country:	
Phone:	Mobile Phone:
Fax:	
E-Mail:	



2) Billing Data

Please write the name, address and VAT number of the person / company we should write the invoice for.

Name of the person	
Company	
Address	
City	
State	
VAT number	

3) Course

Why do you want to learn Italian? Areas of interest:
Existing knowledge of Italian Have you studied Italian before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how many years? _____ If yes, where? University / School: Address: Postal code: City: Country:
Self Evaluation <input type="checkbox"/> Absolute Beginner <input type="checkbox"/> Basic <input type="checkbox"/> Low intermediate <input type="checkbox"/> High Intermediate <input type="checkbox"/> Advanced



In which course / activities do you wish to enroll?	For how many hours a day	For how many days a week?	For how many weeks?

For which period you wish to enrol?

Please specify: From: _____ To: _____

4) Accommodation

Do you need accommodation in Florence ?	
<input type="checkbox"/> A single room in an hotel (bed and breakfast option) <input type="checkbox"/> A single room in an hotel (half board option) <input type="checkbox"/> A private room in a Florentine family (bed and breakfast option) <input type="checkbox"/> A private room in a Florentine family (half board option) <input type="checkbox"/> A private room in a shared apartment <input type="checkbox"/> A private apartment	Date of arrival: _____ Time of arrival: _____ Date of departure: _____

5) Other Information

Notes (on dietary requirements, allergies, others etc)	
Please state name and telephone number of who we should contact in case of an emergency	

Please send the Registration form to Pixel
 e-mail: italiano@pixel-online.net
 or Fax. +39-055-4628873
 or to Pixel – Via Luigi Lanzi 12 – 50134 Firenze (Italy)