

TEACHERS TRAINING PROGRAMS 2014/2015 - REGISTRATION FORM

TEACHER INFORM	MATION					
Name		Surname			Female	Male
Street						
City		Postal Cod	e	Country		
Phone	Fax		E-mail			
Date of Birth	D M 19 N	Nationality		Passport no	L	
Teacher of Spanish at	(School or University)					
Course Inform	IATION				_	
Knowledge of Spanish	n: Beginner Elem	entary Int	ermediate Ad	vanced Intermediate	Advanced	
I would like to register	r in the teacher training course	2				
In Salamanca: fro	m D M 20	to D	M 20	Weeks:		
Accommodatio	N INFORMATION					
Included in the schola						
Homestay:	Double room	Half board				
,	Single room	Full board				
Residence hall:	Double room*	Half board			EASE FILL IT AND SEND TO:	
nesiderice riali.	Single room	Full board		Meste	er - Spanish Language Courses	Spain
	_			Vázquez Co	oronado 5. 37002 Salamanca, S 923 213 835 Fax +34 923 213 8	841
Non included in the se	cholarship			lei. +34	mester@mester.com	
Private apartment:	Single room	Double room	m*			
Hotel**:	Single room	Double room	m*			
Hotel****:	Single room	Double room	m*			
* Only available if you bo	ook together with the other room	mate				
In Salamanca: fro	m D M 20	to D	M 20	Days:		
Do you have any spec	cial requirements regarding yo	ur accommodati	on?			
CONTACT INFORI	MATION IN CASE OF EM	ERGENCY DU	RING YOUR STAY			
Name		Surname			Female	Male
What relationship do	you have with this person?					
Street						
City		Postal Cod	e	Country		
Phone	Fax		E-mail			
How did you hear abo	out Mester?					
PICK UP SERVICE	FROM/TO MADRID AIF	RPORT				
Arrival Details	,					
Date D M	20 Hour	Airline		Flight	t Nr.	
DEPARTURE DETAILS						
Date D M	20 Hour	Airline		Flight	t Nr.	