

Application Form 2009

International Know How srl "viaggi di qualità" - sede legale Milano - licenza A-B Regione Lombardia n. 267992/06
Contratto di vendita conforme al Dlgs n. 206 del 06/9/2005 Codice Consumo



Name and Address

Family Name: Male Female.
First Name: Date of birth:.....
Address:..... Nationality:
..... Country of Birth:
Phone: Email:
Mobile: Fax:

Language Course (Choose one of the IKH centres by ticking the appropriate box)

Rome Montescaglioso Città della Pieve

Course Type (you can use the course grid in the IKH brochure on dates-prices page to help you select the right course):

.....
Start Date: End Date: Language.....

Accommodation

Arrival: Departure: nr. nights.....

Self-catering: please specify type: studio2 mono2 bilo4-5

Shared together with (name).....

Hotel, please specify name:

.....
 Single room Shared room, if already known, together with (name):

Agriturismo/Bed&Breakfast please specify name:

Single room Shared room, if already known, together with (name):

Meal plan: self-catering breakfast breakfast+dinner

Do you smoke? No Yes

Do you require non-smoking accommodation? No Yes please

state reason

Do you have any allergies (for example cat hair)? No Yes, please

specify.....

Do you have any medical conditions (for example diabetes)? No Yes, please

specify.....

Do you need a special diet (for example vegetarian)? No Yes please

specify.....

Do you have any other requests regarding accommodation? Please

specify.....

Pets, please specify any animal type that you cannot live with: Dogs Cats Reptiles
 Birds Other (specify)

Flight Details

Do you require a transfer? No Yes

Arrival

date.....Flight code..... From/To

Time of Leaving.....Arrival.....

Departure

date.....Flight code..... From/To.....

Time of Leaving.....Arrival.....

Insurance and Health

Travel and Medical insurance is compulsory in all centres and you will be required to demonstrate that you have adequate insurance upon arrival.

<p>I have read and accepted the Terms & Conditions on the website. Privacy: We guarantee that your personal information will be protected and will be used only for guarantee the services you have booked and requested to IKH.</p> <p>Please send your Application Form to: International Know How srl Via Vallazze 102 . 20131 Milano - Italy Tel.: 0039 -02-2364234 - Fax: 0039-02-2360327 E-mail: info@internationalknowhow.it</p>	Invoice	
	Registration fee	€ 80
	Course price	€
	Accommodation Placement fee	€ 50
	Accommodation price	€
	TOTAL	€
	Signature	date

Privacy: By completing the application form and in accordance to the Italian legislation (D. Lgs n. 196/2003) the student will authorise that the personal data be used for application purposes and will not be divulged to third parties.

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 Con la sottoscrizione del modulo d'iscrizione, gli studenti in accordo con il D. Lgs n. 196/2003, autorizzano la Link Campus University al trattamento dei loro dati personali e all'utilizzo delle loro dichiarazioni e della loro immagine per fini promozionali, informativi ed amministrativi.