

1. NAME AND ADDRESS

Family name: Mr./Mrs./Ms. Male Female
 First name: Date of birth:
 Address: Nationality:
 Country of birth:
 E-mail:
 Tel: Fax:

2. FLIGHT DETAILS

Arriving at..... (Airport), on (Flight no.), at (Time)
 on..... (Date), from (Home airport)
Departing from..... (Airport), on (Flight no.), at (Time)
 on..... (Date), to..... (Home airport)
 Do you require a transfer? yes

3. LANGUAGE COURSE

Start date:..... End date:

Language course:

If "1" is a complete beginner, and "6" is advanced, what is your level? 1 2 3 4 5 6

4. ACCOMMODATION

Arrival Departure:

Host family/Homestay single room shared room

Do you smoke? yes no

Do you have any allergies (for instance, pets)? yes no

If yes, please give details

Do you need a special diet? yes no

If yes, please give details

Hotel/Residence: (Name of Hotel/Residence)

single room

double room together with: (Name)

SPECIAL INSTRUCTIONS

I-20 Fedex Charge yes no
 Meet & Greet yes no

Agency:

TERRA LINGUA CENTRE
app. 42, 15/5 Institutskaja street,
Kyiv, 01021,Ukraine

Signature / Date: