

## Enrolment for International Summer Language Courses 2010

<b>Personal details</b> (Please write clearly in block letters)		
Last Name: .....	First Name: .....	
<b>Address:</b> Street: ..... Postal Code, Town/City: ..... Phone: ..... Fax: ..... e-mail: .....		
<b>Subject studied / Occupation:</b> .....		
<b>Address of University / Language School:</b> .....		
Country and Nationality: .....	Date of birth: .....	<input type="radio"/> Male <input type="radio"/> Female
<b>Choice of course</b>		<b>Accommodation</b>
(please tick appropriate box)		(please tick appropriate box)
<b>Courses:</b> <input type="radio"/> Course I (12 <sup>th</sup> July to 07 <sup>th</sup> August 2010) Deadline: <b>09.06.2010</b> <input type="radio"/> Course II (9 <sup>th</sup> August to 03 <sup>rd</sup> Sept. 2010) Deadline: <b>09.07.2010</b>		<b>Accommodation costs 230€</b> <input type="radio"/> Yes, I require accommodation <input type="radio"/> I am a non-smoker <input type="radio"/> I am a smoker <input type="radio"/> No, I already have accommodation
<b>Level:</b> <input type="radio"/> Grundstufe I (Beginner) A1 <input type="radio"/> Grundstufe II und III A2/B1 <input type="radio"/> Intermediate and Advanced B2/C1		
Final allocation to course is subsequent to diagnostic test at beginning of course!		

### Payment:

Fees for the course amount to **560€** The full costs including accommodation amount to **790€**

**Payment by bank transfer** (please find Bank details at the information sheet) or cheque. Please notice that you have to pay the bank charges.

In order to register, please send in this form together with the copy of your remittance or cheque to the following address:

**Universität Bremen Fremdsprachenzentrum  
 Internationale Sommerkurse  
 Postfach 330440  
 D-28334 Bremen  
 Germany**

Following receipt of your registration, we will send you confirmation of same.

In event of cancellation up to three weeks prior to beginning date of course we shall retain a **processing fee of 52€**, there can be no refund of any amounts in event of cancellation after this date.

**The University does not provide health insurance cover.**

.....  
Place & date

.....  
signature