



Immersion Programs

at the Language Exchange

REGISTRATION FORM

By signing up you acknowledge that you have read our school policies online at www.immersionprograms.com

Full Name: _____

Address: _____

City/State/Zip Code: _____

Daytime Phone _____ Cellular Phone _____

Email address: _____

How did you hear about The Language Exchange?: _____

Previous experience with foreign languages: _____

Reasons for taking the course: _____

Which class(es) have you selected?

Language: _____

Language: _____

Language: _____

Class Level: _____

Class Level: _____

Class Level: _____

Day/Time _____

Day/Time _____

Day/Time _____

Starting date: _____

Starting date: _____

Starting Date: _____

Price: _____

Price: _____

Price: _____

Please note: WE DO NOT TAKE AMERICAN EXPRESS.

Method of Payment: CHECK CASH VISA MASTER CARD DISCOVER

Card Number: _____ Expiration: _____/_____

3-digit security Code on the back of your card: _____

SIGNATURE: