



# Intensive Course for Adults

**Pre-semester activities and conversation drills tailored to group levels**  
**Enrolments due 7 JANUARY 2019**

**Select number of days:**

- Choose **2 Days \$130**
- Choose **3 Days \$175**
- Choose **4 Days \$210**
- Choose **Full week 5 Days \$240**

**Mon 21 January - Sat 26 January 2017**

**9.30 am - 12.30pm weekdays**

**9:00 am - 3:20 pm Sat excursion**

**ENQUIRIES:** Marzia Mauro

Ph: (07) 3262 5755

enquiries@italianlanguagecentre.org

Please **circle the days** you will be attending:

**Mon Tue Wed Thu Fri Sat excursion**

**CLASS LOCATION:** 42 Newbery St, Newmarket Q 4051

**PERSONAL INFORMATION:**

Name: Mr/Mrs/Ms/Miss \_\_\_\_\_ Ph 1: \_\_\_\_\_

Email: \_\_\_\_\_ Ph 2: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb \_\_\_\_\_ P/Code: \_\_\_\_\_

Where do you study Italian: \_\_\_\_\_ Class/Level: \_\_\_\_\_

**Conditions of enrolment:**

Missed classes cannot be made up by joining other classes on different days/times.

Once enrolled, fees cannot be refunded unless classes are cancelled by ILC.

ILC accepts no responsibility for changes to students' personal circumstances that prevent attendance.

**PAYMENT INSTRUCTIONS**

Payments can be made by:

- **CHEQUE** - Payable to Co.As.It. Mail to: PO Box 59, Albion BC Q 4010
- **CASH/ EFTPOS** - In person at 35 Dover Street, Albion.
- **DIRECT DEPOSIT** - **Please attach a print-out of your transfer receipt to this page.**

BANK: Westpac (New Farm Branch)  
 ACCOUNT NAME: Co.As.It.  
 BSB: 034-065  
 ACCOUNT NUMBER: 142021

REFERENCE: "ILC" followed by your surname.

**NUMBER OF DAYS: \_\_\_\_\_ COST: \$ \_\_\_\_\_**

**SATURDAY EXCURSION, ADD: \$95**

**TOTAL: \$ \_\_\_\_\_**

**CREDIT CARD** - Please complete the credit card details section below or call our office on 3262 5755. (Sorry, we cannot accept AMEX cards) For security reasons please make sure that you send the enrolment form with your credit card details to ILC's fax number: 07 3262 9985. Please **DO NOT** send it by post or e-mail.

Name on card: \_\_\_\_\_

Card number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of expiry: \_\_\_\_ / \_\_\_\_ CCV code: \_\_\_\_ Amount: \$ \_\_\_\_\_

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Receipt Number:** \_\_\_\_\_