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| ***Dante Italian Language School in Vancouver*** |  |
| **Italian Grammar Pills Registration Form** | |

Instructions:

Please fill out this form and send it back to the ***Dante Italian Language School*** in Vancouver by email [**info@dantesocietybc.ca**](mailto:info@dantesocietybc.ca)

For payments, please send your e-transfer to (the same address):

Dante Society of British Columbia: [**info@dantesocietybc.ca**](mailto:info@dantesocietybc.ca)

***Thank you!***

First Name(s): Last Name:

Gender: Male **** Female ****

Home address:

City: Postal Code:

Phone #:

Email:

*I am interested in receiving the* ***Dante Alighieri Society of BC****’s newsletter:* Yes **** No ****

**Package selection**

I would like to purchase the following package:

|  |  |  |
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| **Package type** | **Level** | **Additional Info (optional)** |
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Have you completed an Italian course with our school before: Yes **** No ****

Last level taken: When? (Month/Year):

In case you have studied Italian at some other institution, or have previous knowledge of the language, have you submitted to us the placement test yet? Yes **** No ****