

AS

Asset Services SA

Registration Form

Personalised language course in the United Kingdom and Malta

Course participant <input type="checkbox"/> Mr <input type="checkbox"/> Mrs	Company
Name:	(Complete shaded section only if associated with a company)
First name:	Company name:
Street:	Street:
Country/Post Code:	Country/Post Code:
Town/City:	Location:
Email:	Responsible person:
Office phone number:	Tel. number:
Home number:	Email:
Mobile number:	For discount: Participant is Nr. _____ of our firm within 12 Months
For emergencies please provide contact person name, address and telephone number:	
	Course details
	Arrival date:
	Departure date:
	Number of weeks:
Date of Birth:	Number of lessons per week:
Nationality:	<input type="checkbox"/> 15h <input type="checkbox"/> 20h <input type="checkbox"/> 25h
Mother language:	
Other languages:	Do you want to be picked up by your guest family? At:
Occupation/Position:	Airport <input type="checkbox"/> Train Station <input type="checkbox"/> or Bus station <input type="checkbox"/>
Interests:	No pick up <input type="checkbox"/> I do not know yet <input type="checkbox"/> (to discuss it with the AS)
	I have read the attached information and I consent.
How would you rate your level of English?	
Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Date:
How and when did you acquire your current level of English?	Signature of the participant or signature of the employer:
Desired focus points for learning:	
	Please make a copy of your records and send the original to:
Do you smoke?	
If you smoke would you be prepared to do it only in the open?	AS Asset Service AG Avenue Beauregard 31 CH - 2036 Auvornier-Neuchâtel
Do you have any allergies that should be considered?	
Do you have any dietary restrictions that should be considered?	Tel. +41 (0)32 731 31 32 e-mail: office@assetservices.ch
Do you have a disability that should be considered?	