

## Course Enrolment Form

Please complete and email to  $\underline{\mathsf{info@connectitalia-nz.com}}$ 

\*For further assistance please call Beniamino on 022 046 9357

| Surname                                  | rnameFirst name                    |                    |  |                                |
|--|------------------------------------|--------------------|--|--------------------------------|
| Address                                  |                                    |                    |  |                                |
| Phone                                    | Mobile                             |                    | _Email                                   |                                |
| CLASS CODE                               | COURSE SUBJECT NINE WEEKS IN ITALY | COURSE<br>DURATION | DAY & TIME                               | TOTAL<br>COST GST<br>Inclusive |
| CLIC-NINEWITB                            | ITALIAN FOR BEGINNERS              | NINE<br>WEEKS      | Tuesday 7pm-8.30pm Saturday 10.3oam-12pm | \$265.00                       |
| Courses and dates are                    | e subject to confirmation.         |                    |  |                                |
| CASH DIRECT O                            |                                    | 732 000 (plea      | nse use your surname as the reference o  | ode)                           |
|  |                                    | SIGNATUF           | RE_                                      |                                |
| PLEASE TELL US HOW<br>HEARD ABOUT THIS O |                                    |                    |  |                                |