



## 2009 Registration Form

\* Please fill out completely

PERSONAL INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Gender Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
                          month          day          year

Nationality \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Agency Name \_\_\_\_\_

Agent's Name \_\_\_\_\_

Phone Number of Agent \_\_\_\_\_

**Intensive** (30 hours per week)

**Full-time** (20 hours per week)

**Part-time** (10 hours per week)

**Let's Talk!** (Speaking and Pronunciation)  
 Intermediate  9-11 AM  11:15 - 1:45 PM  
 1:45 - 3:45 PM  
 Advanced  9-11 AM  11:15 - 1:15 PM  
 1:45 - 3:45 PM

**Listen Up!** (Listening and Pronunciation)  
 Intermediate  9-11 AM  1:45 - 3:45 PM  
 Advanced  11:15 AM - 1:15 PM

**Academic Writing**  9-11 AM

**Practical Writing**  11:15 AM - 1:15 PM

**Business Communications** – 8 week diploma course (Full-time)

**English for Medical Practitioners** (March '09)

**TESOL Instructor Training Program** (March '09)

STUDY PERIOD :

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_  
                          month          day          year

TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
                          month          day          year

TOTAL WEEKS \_\_\_\_\_

PROGRAM INFORMATION

REFUND POLICY

Percentage of Program Completed	Percentage of Refund
10% or less	50%
11 to 25%	25%
26 to 50%	10%
More than 50%	0%

CALCULATION OF FEES	
Tuition	\$ _____
Registration Fee	\$ <u>100</u>
Homestay	\$ _____
Airport Pickup	\$ _____
Medical Insurance	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Signature indicates that the student understands the fee structure and the refund policy at ICLS.

Signature \_\_\_\_\_ Date \_\_\_\_\_