

TEACHERS TRAINING PROGRAMS

- REGISTRATION FORM

TEACHER INFORMATION

Name Surname Female Male

Street

City Postal Code Country

Phone Fax E-mail

Date of Birth D M 19 Nationality Passport nº

Teacher of Spanish at (School or University)

COURSE INFORMATION

Knowledge of Spanish: Beginner Elementary Intermediate Advanced Intermediate Advanced

I would like to register in the teacher training course

In Salamanca: from D M 20 to D M 20 Weeks:

Notes

ACCOMMODATION INFORMATION

Homestay:	<input type="checkbox"/> Double room	<input type="checkbox"/> Half board	Private apartment:	<input type="checkbox"/> Single room	<input type="checkbox"/> Double room*
	<input type="checkbox"/> Single room	<input type="checkbox"/> Full board	Hotel**:	<input type="checkbox"/> Single room	<input type="checkbox"/> Double room*
Residence hall:	<input type="checkbox"/> Double room*	<input type="checkbox"/> Half board	Hotel****:	<input type="checkbox"/> Single room	<input type="checkbox"/> Double room*
	<input type="checkbox"/> Single room	<input type="checkbox"/> Full board			

* Only available if you book together with the other roommate

In Salamanca: from D M 20 to D M 20 Days:

Do you have any special requirements regarding your accommodation?

CONTACT INFORMATION IN CASE OF EMERGENCY DURING YOUR STAY

Name Surname Female Male

What relationship do you have with this person?

Street

City Postal Code Country

Phone Fax E-mail

How did you hear about Mester?

PICK UP SERVICE FROM/TO MADRID AIRPORT

ARRIVAL DETAILS

Date D M 20 Hour Airline Flight Nr.

DEPARTURE DETAILS

Date D M 20 Hour Airline Flight Nr.

DECLARA:

Estar actualmente trabajando como profesor de español en la institución extranjera indicada más arriba

FIRMA