

REGISTRATION FORM

Choose the days of your preference to attend the course. You will be assigned to a class only in one of the days you indicate. Mark more than one day, if possible.

Day: 9am -1pm						
Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evening 3pm.7pm						
Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name of student:

Address

City and Zip Code

Phone (w) _____

(h) _____

(cell.) _____

E-mail

Other languages studied:

Occupation

I am registering for the course:

Signature _____

Date _____

Reasons for studying Italian. Circle all that apply.

Travel Career Italian origins Education

Pleasure Other : _____

ADDITIONAL INFORMATION YOU WANT THE SCHOOL TO KNOW

Please add any useful information which you consider important, and we will contact you to address this.

Please, print the Registration Form and mail it with a deposit check of \$ 120 payable to The Center For Italian Studies at the address written below. The balance is due the first day of classes.

**The Center for Italian Studies,
at The Bryn Mawr School,
Attention Dr. Rossana Barbera
109 W. Melrose Ave.
Baltimore, Maryland, 21210**