

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. Marking more than one day will help the school to assign you to a class more easily.

5:30 pm - 7:30 pm (Tu.)
6:00 pm - 8:00 pm (Mo. Wed.)

Mon. Tue. Wed.

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 of \$ 270 is due the first day of classes.

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