

ITALIAN LANGUAGE PROGRAM

REGISTRATION FORM

ADULTS

Last Name First

Home Address

City State Zip

Phone: Home Business

E-mail

Nationality: Italian _____ American _____

Italian-American _____ Other _____

Senior Citizen (55 and over): Yes _____ No _____

MEMBER OF THE ITALIAN CULTURAL SOCIETY:

Yes _____ since _____ Joining now _____

Please indicate level of class desired:

Introductory 1 _____ Introductory 2 _____

Introductory 1 and 2 for speakers of Spanish, French and Portuguese _____

Intermediate 1 _____ Intermediate Grammar Review _____

Pre-Advanced/Conversation _____

Advanced Grammar Review _____

Adv. Grammar, Reading, Conversation & Writing _____

Advanced Grammar, Reading & Conversation _____

Adv. Grammar, Conversation & Literature _____

Advanced Grammar, Conversation, Reading & Writing
(Good Fluency) _____

Advanced Grammar, Conversation, Reading & Writing
(Excellent fluency) _____

Immersion course for tourists _____

Tutorial _____

Proficiency in the Italian Language:

Circle the number which most closely represents your skills:

Key: 0 = no ability
1 = rudimentary knowledge
2 = can get along in the language
3 = degree of fluency which is native
or near native

A. Understand it 0 1 2 3

B. Speak it 0 1 2 3

C. Read it 0 1 2 3

D. Write it 0 1 2 3

E. Italian Dialect 0 1 2 3

Which one (s) _____

Location: First Choice n. _____

Day(s) of the week and hours _____

Location: Second Choice n. _____

Day(s) of the week and hours _____

I understand that students at the Italian Language Programs of the I. C. S. are registered for the entire session (20 hours) and that tuition must be paid in advance, and that it is NOT REFUNDABLE after the first lesson. Please enclose your check and mail it to:

ITALIAN LANGUAGE PROGRAM
4827 RUGBY AVE, SUITE 301
BETHESDA, MD 20814

We do not accept credit cards

Registration Date

Signature

For office use only:

Paid for: Tuition _____ Books _____

Cassette _____ Membership Fee _____