To: Centro Diffusione Lingua e Cultura Italiana Ltd

Suite 105, City View House

5, Union Street

Manchester M12 4JD

**REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| Student’ s name |  | |
| Address |  | |
| Phone |  | |
| E-mail address |  | |
| wish to register to the Italian class held in |  | |
| DECLARATION | | |
| By signing this form, I understand that in order to complete the registration a fee of £ 130,00 is required by C.D.L.C.I. for a 10 weeks course and for a total of 20 hours of lessons. **Please note that the fee is not refundable** | | |
| Signature | |  |

**Payment details:**

Account name: C.D.L.C.I. LTD

Account number: 01414169

Sort code: 30 – 95 - 42