



ISTITUTO ITALIANO DI CULTURA
496 Huron Street
 Toronto, Ontario M5R 2R3
 Tel.: 416/921-3802 Fax: 416/962-2503
 e-mail: corsi.iictoronto@esteri.it
www.iictoronto.esteri.it



VAUGHAN LOCATION:
4550 Highway 7, Suite 210
 Vaughan, Ontario L4L 4Y6
 Tel.: 905/265-8492 / 416 921-3802 x. 227
 e-mail: corsi.iictoronto@esteri.it
www.iictoronto.esteri.it

[PLEASE INDICATE LOCATION]

APPLICATION FORM

Mr. ___ Mrs. ___ Ms. ___ Miss ___

Name:

Address:*first*.....*last*.....

Telephone:*city*.....*province*.....*postal code*.....

e-mail:*home*.....*business*.....

Profession:

Education:

Previous Italian courses:

Mother tongue:

In case of emergency please inform:

I wish to enroll in the following course:

FIRST CHOICE: _____ COURSE CODE: _____

SECOND CHOICE: _____ COURSE CODE: _____

Refund Policy & Private lessons:

No refund is granted after course commencement. If a student is not able to attend a course and notifies us within 7 days from the date of commencement fees can be accredited to a subsequent term. Full refunds are issued in the event of course cancellation.

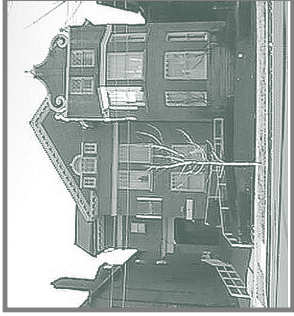
To reschedule a private lesson, a 24 hour notice by phone must be given to the teacher to avoid a one hour penalty deduction. Private lessons must be completed within three months from the date of registration.

I, the undersigned, have read and understood the Refund Policy of the Istituto Italiano di Cultura.

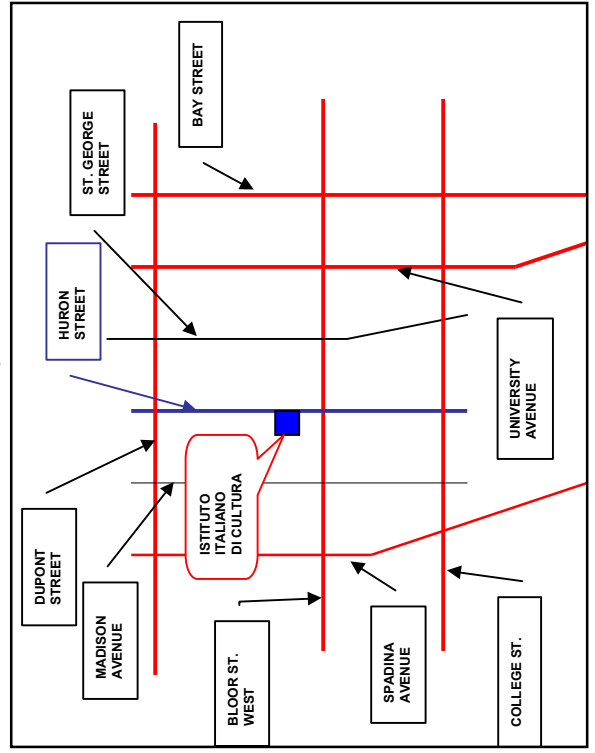
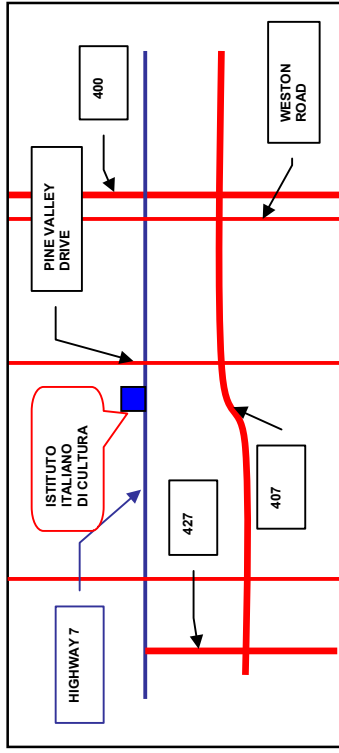
Date: Signature:



P VAUGHAN LOCATION
4550 Highway 7, Suite 210



P TORONTO LOCATION
496 Huron Street



TO ENROLL PLEASE FILL OUT THE APPLICATION FORM
AND CALL THE OFFICE TO FIND OUT THE APPLICABLE FEES