

THE ENGLISH ROOM FORM

— ONLINE SCHOOL OF ENGLISH

TER
THE ENGLISH ROOM

REGISTRATION FORM

Course type:

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Membership Type :

☐

one to one

☐

group

PERSONAL INFORMATION

First Name :

Place Of Birth :

Date Of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Full Address :

Nationality :

City / Country :

E-Mail :

This space is where you can share information (e.g: goals, previous studies, etc):

www.theenglishroom.edu.uy

@theenglish.room

Signature Of Author

THANK YOU FOR YOUR INFORMATION