DA
SOCIETÀ DANTE ALIGHIERI
"il mondo in italiano"

"for the diffusion of Italian language and culture"

DANTE ALIGHIERI SOCIETY INC. ***Brisbane*** ***2020***

ABN 88 545 946 614

Language school enrolment form *Term 1 & 2*

Title, name, surname Mr Mrs Ms Miss ______________________________
(please print)

Address ______________________________

______________________________ postcode ______________

E-mail ______________________________

Contact (phone) ______________________ Occupation ______________________

	Monday *possible classes*	Tuesday *possible classes*	Wednesday *possible classes*	Thursday *possible classes*	Friday *possible classes*
Morning classes start at 9:45am		☐ **Velocitalian** (short intensive) ☐ Elementare	☐ Elementare ☐ L 1 ☐ **C** e **S**	☐ L 2 ☐ L 3 ☐ **C** e **S**	☐ **C** e **S 1** ☐ **C** e **S**
Evening classes start at 6:30pm	☐ L 1 ☐ L 2 ☐ L **5**	☐ Elementare ☐ L **4**	☐ **Velocitalian** (short intensive) ☐ Elementare	☐ Elementare ☐ L 1 ☐ L 3	

Please **write 1** for your preferred day/time your course/level, **write 2** for a second preference in case of unavailability

TERM 1 $ 250.00 for 10 weeks
Term 1 starts 27 January

TERMS 1 & 2 $ 470.00 for 20 weeks
Term 2 starts 20 April

TERMS 1, 2, 3 & 4 $ 920.00 for 40 weeks

No further discounts apply

Membership Single $40.00 Family $65.00 Concession $25.00 Life $600.00

(This is an annual fee. Please add the appropriate amount to the cost of your chosen course)

How did you hear about the school of the Dante? Friends Web site Advertisement Flyer

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Payment Please debit my credit card for the amount of: $ ______________
Bankcard Mastercard Visa card

Number ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Expiry date __________/__________ (4 digits)

Name of cardholder ______________________________

Alternative payment: cash / eftpos / cheque / money order

Bank Account: **Dante Alighieri Society Inc**
BSB: **064-000**
Account No: **902803** (office use only)

Date received: ______________________________

26 Gray St / PO Box 1350
New Farm
Qld 4005

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