



Training Registration Form

Personal Information

Title (Mr., Mrs., Miss, etc) _____ First Name _____ Last Name _____

Address _____

Telephone _____ Fax _____

Email _____

Nationality _____ First Language _____

Company/Business Name _____

Course Selection and Prices

(Note: All training is scheduled on an as needed basis)

I would like to register for the following program(s):

Basic and English Conversation	60,000	Advanced English Workshop	60,000
Business English	133,000	English for the Web	60,000
Reading, Writing & Speaking	60,000	Weekend English Immersion	30,000

Schedule: Tentative schedule 06 November 2006 .

Education

Highest Education completed (Certificate, Diploma, College, Graduate School) _____

Name of school _____ Program _____

English Proficiency

English Level:

1 – Introductory 2 – Beginner 3 – Intermediate 4 – Advanced

How did you hear about PC Vision Training Center? _____

Complete this form and submit at least 30 days prior to the start of class with a \$25 registration fee (6750 UG). You must register in person.

* Registration fee is not Refundable*

PC Vision is a non-smoking facility.

All information on this form will be kept confidential and used for registration purposes only.