

Booking Form



Please complete this form and send it to:

IP International Projects GmbH, Martinistr. 60, D-28195 Bremen, Germany

Fax: +49-421-7925820, info@internationalprojects.com, www.internationalprojects.com

PERSONAL DETAILS

Surname: _____ First Name: _____ Male / Female

Date of Birth: _____ Nationality: _____

Full Address: _____

Telephone: _____ Mobile: _____

Email: _____ Language Level: _____

LANGUAGE PROGRAMME:

Course centre: _____

Arrival date: _____ Departure date: _____

Language course: _____

Accommodation: Home stay Residence (Name: _____) Other: _____

Single room Twin room Triple room Multi-bedded room

Meal plan: self-catering B&B half-board full-board

Price: _____

ADDITIONAL SERVICES:

Transfer on arrival Required Not Required _____

Transfer on departure Required Not Required _____

Travel Health Insurance* Required Not Required _____

Travel Accident and Liability Insurance* Required Not Required _____

Other (like full specials, examinations, etc)

Total price: _____

SPECIAL REQUIREMENTS:

Do you have any dietary, medical, or religious requirements? _____

I have read and understood & I agree to International Projects' Terms & Conditions.

Date: _____

Signature (of parent or legal guardian if you are under 18): _____