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| https://scontent-a-sea.xx.fbcdn.net/hphotos-xfa1/v/l/t1.0-9/10513505_687162138043017_4028683509314380156_n.jpg?oh=789f09c9249d91ed007ba765808a5d7a&oe=54EDD489 | **SPANISH LANGUAGE SCHOOL INC.** **3706 Sherwood Drive, Regina, Sask. S4R 4A6****Tel. 306-543-6948 – Cell. 306-536-9610 - Text Message 306-536-9615****E-mail** **ssschoolinc@sasktel.net****Website: www.salvadoreanspanishschool.com** |
| **SPANISH CLASSES REGISTRATION FORM****PLEASE READ TERMS AND CONDITIONS BEFORE ENROLLMENT** |
| **Name:** |  | **Tel:** |  | **E-mail:**  |  |
| **Address:** |  | **City:** |  | **Postal code:** |  |
| **Work place:** |  | **Tel:** |  | **Fax:** |  |
| **SPANISH LEVEL TAKING** |
| **Beginner:** |  **⃞** | **Intermediate:** |  **⃞** | **Advanced:** |  **⃞** |
| **Time** |  **7:00 – 9:00 PM** | **Day:** | **Wednesday** | **From:**  | **September 15** | **To** | **Dec. 2 - 2021** |
| **Fee:** | **$200.00 (non-refundable) Book $40.00 e-transfer ⃞** | **Debit ⃞** | **Cash** | **⃞** | **Cheque** | **⃞** | **Visa** | **⃞** | **M.C.** | **⃞** |
| **Please write a cheque payable to Salvadorean Spanish School Inc.  ($45.00 Surcharge for NSF Cheques) Sign only if you agree with the terms and conditions Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **TERMS AND CONDITIONS****1- FEE IS NON-REFUNDABLE OR TRANSFERABLE FOR ANOTHER DATE, TIME OR SEMESTER DUE TO:****a) A limited space per group (10 students per group)****b) The amount of people interested who can’t enroll after the class is full (10 students)****c) A special course opening to accommodate small group****2- IF YOU REGISTER FOR A CLASS AND LATER DECIDE YOU DO NOT WANT TO ATTEND, WE REGRET WE CAN NOT REFUND ALL OR A PORTION OF THE COURSE FEE TWO WEEKS PRIOR TO THE COMMENCEMENT OF THE CLASSES, NOR AFTER THE FIRST CLASS****3- SPACE IS NOT GUARANTEED UNTIL PAYMENT IS RECEIVED** |

**CREDIT CARD AUTHORIZATION FORM**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize to SPANISH LANGUAGE SCHOOL (IT3L INC.)**

 **(**Full name as on the card)

**TO CHARGE MY: VISA ⃞ MASTERCARD ⃞ DEBIT CARD ⃞**

|  |  |
| --- | --- |
| **Credit Card Number:** |  |
| **Security code-3 Digits at the back** |  |
| **Expiration date:** |  |
| **Credit Card Holder Name:** |  |
| **Credit Card Holder Phone Number:** |  |
| **In the amount of:** |  |
| **Bank Name on Credit Card:** |  |

**I agree to pay the amount here authorized even though I have not signed the original charge note or voucher.**

**I agree to pay this amount in case of NO SHOW or cancellation of the services any time prior of the arrival date.**