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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 to 9:00 PM** | **Day:** | **Wednesday** | **From:**  | **April 23** | **To** | **Julio 09 - 2025** |
| **Fee:** | **$200.00 (non-refundable) Book $50.00 e-transfer ⃞** | **Debit ⃞** | **Cash** | **⃞** | **Cheque** | **⃞** | **Visa** | **⃞** | **M.C.** | **⃞** |
| **Please write a cheque payable to Salvadorean Spanish School Inc.  ($50.00 Surcharge for NSF Cheques) Sign only if you agree with the terms and conditions Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **TERMS AND CONDITIONS****1- FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE FOR ANOTHER DATE, TIME, OR SEMESTER DUE TO:****a) A limited space per group. (10 students per group)****b) The number of interested individuals who cannot enroll once the class is full. (10 students)****c) Special course openings designed to accommodate small groups.****2- IF YOU REGISTER FOR A CLASS AND LATER DECIDE NOT TO ATTEND, we regret that we cannot refund all or any portion of the course fee if you cancel within two weeks prior to the start of classes, or after the first class has taken place.****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.**