REGISTRATION FORM



GENERAL INFORMATION:

1						
•	First name Country		Middle name State (Province)		Last name ZIP	
3.	ity		Mailing Address	C	Date of Birth	
4	-				Gender: 🗆 🗌	
Telephon	e E-mail	Fax	Place of birth	Nationality	F M	
5. Where are y	ou currently enrolled?			Graduate	d 🗌 Undergraduated	
INDICATE SESSIO	N (S) YOU WILL ATTEND:	🗌 Guadala	jara 🗌 Puerto Valla	arta		
() 2 week Intens) 2 week Intensive Program / 5 hrs. Per day - Monday			Dates	to	
) 4 week Semi-Intensive Program / 2.5 hrs. Per day-			Dates	to	
() 5 week Summe) 5 week Summer Program / 2.5 hrs. Per day -Monday			Dates	to	
) 5 week Summer Program / 5 hrs. Per day -Monday to I			Dates	to	
) One to One private instruction / Hours per day			Dates	to	
() Other:		/ Hours	per day	Dates	to	
INFORMATION FC	DR HOUSING PLACEMENT e in with a Mexican family om	Pick up ye no preferen no preferen no preferen	ce ce			
	e lodging, I will arrange hou					
	emergency:					
International Insu	urance coverage informatio	n:				
	edical condition please exp					
Type of blood:						
PAYMENT METHO)D:					
Registration fee: 1	25.00 USD					
-	lastercard					
	er:					
Credit card numbe	er:					
Expiration Date:						

CVV or CVC: ______ SIGNATURE:

I certify that the above information is true and correct. If admitted, I agree to abide by all regulations established by Colegio de Español y Cultura Mexicana. By signing this document, I agree to pay the total amount stated by myself, and authorize Colegio de Español y Cultura Mexicana to charge my credit card.