

# I.C.C.S

## BOOKING FORM

I.C.C.S

e-mail: [info@iccshome.org](mailto:info@iccshome.org)

phone/fax # : 310-391-7176

Student's Name: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Nationality: \_\_\_\_\_ Native Language: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ Zip code : \_\_\_\_\_ Country : \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about I.C.C.S ? \_\_\_\_\_

## COURSE

**Course starts** (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Course ends** (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**City / Center:**

**Spain language schools:**  Madrid  Barcelona  Marbella  Salamanca  
 Valencia  Granada  Almuñecar  Alicante

**Spain summer camps:**  Madrid – Colegio Marqués

**Latin America:**  Quito  Cusco  Sucre  Antigua

Cordoba  Buenos Aires

Flamingo Beach  Heredia  Monteverde

Havana  Santiago de Cuba

**Course Name:**  Intensive+ Spanish (20+5 lessons per week)

Intensive Spanish (20 lessons per week)

Super Intensive+ Spanish (25+5 lessons per week)

Part Time Spanish (10+5 lessons per week)

Other (Please write the name of the course): \_\_\_\_\_

**Approximate level:** Lowest → 0 1 2 3 4 5 6 7 8 9 ← Highest (Please tick one)

Arrival date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Departure date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please note that accommodation is available from Sunday before the first day of the course until Saturday after the last day of classes)

Type of accommodation:       Host Family               Residence       Shared Flat  
(Please check one)

Other : \_\_\_\_\_

Single       Double       Triple room              (Please tick one)

No meals       Half board       Full board              (Please tick one)

Smoker:       Yes  No      Minds smoking:       Yes  No

Minds animals:       Yes  No

Special Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AIRPORT TRANSFER

Even if you do not request airport transfer, please inform us your flight details, for accommodation welcome.

Upon ARRIVAL:               Yes  No      (Please check one)

City of Arrival : \_\_\_\_\_

Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Airline: \_\_\_\_\_      Flight Number: \_\_\_\_\_

Time: \_\_\_\_:\_\_\_\_ am/pm

Upon DEPARTURE:       Yes  No      (Please check one)

City of Departure : \_\_\_\_\_

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Airline: \_\_\_\_\_      Flight Number: \_\_\_\_\_

Time: \_\_\_\_:\_\_\_\_ am/pm

### METHOD OF PAYMENT

Total amount of \$ \_\_\_\_\_ paid by: (check box)

Bank transfer into:

International Cross Cultural Services

Washington Mutual, Los Angeles / Mar Vista Financial Center 1209

Account #: 3061295800

IBAN / routing #: 322271627

Please, specify the name of the student on the bank transfer and enclose a copy to:  
I.C.C.S – 12736 Mitchell Avenue, 90066, Los Angeles or by fax to: (310)-311-7176

Check

Please send your check in \$US to: I.C.C.S – PO Box 661932, 90066, Los Angeles, CA.

I understand that by sending this form I have read and accept all I.C.C.S terms and conditions. To certify that the information given above is true, I hereby sign this document:

Card holder passport number:

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPECIAL REQUESTS**

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