



LINGUA VIVA

ENROLLMENT FORM

Name: _____

Address: _____

City/ State/ Zip _____

Phone: _____

E-mail: _____

Course(s): _____

Days & Times: _____

\$399 – Italian Language (20-hour course)

There are *absolutely* no refunds or credits (rollovers) to the following session.

Total amount enclosed: \$ _____

Type of Payment:

Check* # _____ Amex ___ Visa ___ M/C

Credit Card #: _____

Exp. Date _____ security code _____

Signature _____ Date _____

*Please make checks payable to Lingua Viva