Community Language Program
Registration Form Winter '10

First Name: _____ Last Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____.

Cell Phone: (____) ____ - _____ E-mail: _____

Organization: _____ Occupation: _____

Preferred method of contact: ☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ E-mail

How did you hear about us? *(check one)*
☐ Word of Mouth ☐ Web Page ☐ Brochure ☐ Upper Valley Life ☐ Valley News ☐ Other _____

Have you ever taken the Community Language Program or other courses with us? If so, please list: _____

Discount: *(if applicable)* - (*Discount participation limited to one per person*)

- ❒ Two Term
- ❒ Dartmouth College employees, students and alumni
- ❒ Family or Business: _____
  (name of other student(s) involved)

Language and Level:

***Prerequisite for any level above rank beginner: participation in a Rassias course at the preceding level or a telephone placement interview by our instructor.**

Please indicate by placing a check mark in the appropriate space in the chart to right. For further information, please refer to the full course schedule located in the **"Important Information"** section.

	Rank Beginner	Adv. Beginner	Intermediate	Advanced
ESL	**N/A**	**N/A**		**N/A**
FRENCH				**N/A**
ITALIAN				
SPANISH				

☐ **ADVANCED ITALIAN CONVERSATION**

Payment: ☐ Check ☐ Money Order ☐ Purchase Order
(please send a copy)

Please indicate by checking a box and providing corresponding information if necessary

Charge to: ☐ Visa ☐ Master Card

Account#_____

Expires_____Amount_____

Signature_____

Please make checks payable to "The Rassias Center" and mail to – 6071 Blunt, Ste. 315, Hanover, NH 03755

****These courses are intended for adult learners (18 or older). We occasionally make exceptions; please contact us at 603-646-2922.**