

Please send the Enrolment Form to AIL Madrid

Personal Details			
Family Name:		First Name(s):	
Home Address:			
Telephone:		Date of Birth:	
Email:			
ID/ Passport No.		Nationality:	
Emergency Contact Details			
Family Name:		First Name(s):	
Relationship:		Telephone:	
How did you hear about us?			
Former AIL Madrid Student	<input type="checkbox"/>	Search Engine:	Google <input type="checkbox"/>
Advertisement (please specify):	_____		Yahoo <input type="checkbox"/>
Agent (please specify):	_____		Other (please specify): _____
Other (please specify):	_____		
Name of Course: and number of weeks			
_____			
Accommodation:			
Spanish host family	Individual <input type="checkbox"/>	Double room*	<input type="checkbox"/>
Shared flat	Individual <input type="checkbox"/>	Double room*	<input type="checkbox"/>
Student residence	Individual <input type="checkbox"/>	Double room*	<input type="checkbox"/>
Hotel	3 ★ <input type="checkbox"/>	4 ★ <input type="checkbox"/>	5 ★ <input type="checkbox"/>
			I don't need it <input type="checkbox"/>
* Double rooms are only available to students on a group booking. Please specify the person with whom you wish to share: _____			
Arrival date: _____		Departure date: _____	
Other Services			
Airport transfer	Arrival only - 75€		<input type="checkbox"/>
	Arrival and departure - 125€		<input type="checkbox"/>
Medical Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/> Please consult AIL Madrid for more details			
Confirmation:			
I have read and accepted AIL Madrid's terms and conditions.			
Signature: _____		Date: _____	

