



REGISTRATION FORM

Spanish Abroad, Inc.
5112 N. 40th Street, Suite 101
Phoenix, AZ 85018 USA

Personal Information

Name: _____ Mailing address: _____
 City: _____ State: _____ Postal Code: _____ Country: _____
 Home phone: _____ Work phone: _____ FAX: _____
 Mobile #: _____ E-mail (print large & clear): _____
 Citizenship: _____ Sex: _____ Birth date: ____/____/____ Age: _____
 Person to contact in case of emergency _____ Phone#: _____
 What is your knowledge of Spanish? None Basic Elementary Intermediate Advanced

Program Information

What school do you wish to attend? _____ Location of school: _____
 Type of program and number of hours: _____ Start date: _____ End date: _____
 Number of weeks: _____ Academic credit: Yes / No Name of institution Providing Credit: _____
 Reason for choosing location/school: _____

 Expectations _____

Attach additional page for multiple locations.

Accommodation Information

All options are not available for all schools

Circle one of the following accommodations: Home-stay Residence Shared Flat Apartment
 Circle one: Private room Shared room Preferences (**not guaranteed**): _____
 Do you Have Any Allergies, Medical Conditions, or Dietary needs? _____

Flight Information

This information is not necessary at this time. **You should NOT purchase a plane ticket until you receive a confirmation regarding your program from us.** If you plan on arriving a couple days prior to your program start date or want to leave several days afterwards you need to inform us of this, and request extra nights of accommodation if you desire us to do so.

Airport Pickup: Yes / No Arrival Info: _____
 Extra Nights of Accommodation: Yes / No What Dates & How Many Nights? _____

Turn Over

