



Register No.: _____

REGISTRATION FORM SUMMER CAMP TRAINING COURSE

Dear participant,

For completing the registration procedure, please answer the following questions in detail by typing or writing legibly.

- Transfer voucher authorizing the payment of registration fee (200,- EUR)

Name	First Name	Last Name	Father`s Name	Grandfather`s Name
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Date of Birth	__ / __ / ____ month, day, year	Place of Birth / Country		
Nationality		Passport Number		
Current Address	Street:			
	City, State, Zip Code:			
	Country:			
Phone Number		Fax Number		
Email				
I would like to study the course in		English <input type="checkbox"/>	Arabic <input type="checkbox"/>	

Me, the undersigned, hereby declare to best of my knowledge and with full responsibility, that all the information, details and documents are genuine and true.

Place, Date

Full Name

Signature

This registration form should be sent until the maximum date of **20/08/2014** to marketing@agcollege.de or by fax number : 0049 89 2030 06450.

The registration fee should be transferred to the following bank account:

Beneficiary Name: ARABIC GERMAN COLLEGE GmbH, München
Bank: Merkur-Bank KGaA, München, Bayerstrasse 33, Germany
IBAN: DE82 7013 0800 0000 0044 13
BIC: GENODEF1M06