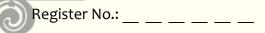
**Arabic German College** 

**MUNICH - GERMANY** 

**Arabic German College MUNICH - GERMANY** 



## **REGISTRATION FORM SUMMER CAMP TRAINING COURSE**

A.G.C

Dear participant,

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

Transfer you cher authorizing the payment of registration fee (200.- FUR)

Transfer voucher dutionzing the payment of registration rec (200, 2017)						
Name	First Name	Last Name		Father`s Name		Grandfather`s Name
Gender	Male □	Female □				
Date of Birth		Place of Birth /				
	1 1	Country				
	month, day, year	,				
Nationality		Passport No	umber			
Current	Street:					
Address	City, State, Zip Code:					
	City, State, 21p code.					
	Country:					
Phone		Fax				
Number		Numbe	r			
Email						
I would like to study the course in			English		Arabic □	
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.						
8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
Place, Date Full Name				Signature		
This registration form should be sent until the maximum date of 30/09/2014						
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:						

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