

Please complete, print, sign and send by Fax.

DEUTSCH
ABER HALLO!

Volkshochschule Passau

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seibold@vhs-passau.de

Personal Details

Ms

Mr

First name(s)	Street, Number
Last name(s)	Postcode, City
Date of birth	Nationality/Language
Telephone	Email

I wish to attend:

Elementary Course I (A1)

weeks

Elementary Course II (A2)

Package 2 courses (12 weeks)

Intermediate Course I (B1)

Package 3 courses (18 weeks)

Intermediate Course II (B2)

Package 4 courses (24 weeks)

Advanced Course (C1)

Package 5 courses (30 weeks)

When do you want to start? Date:

Do you have special requirements? (please specify)

Payment:

The course is reserved for you as soon as we have received a payment of **250.- €**. You will be required to pay your balance no later than the first day of class in cash, or until one week prior to the course by bank transfer. A written course confirmation cannot be issued before the entire course fee has been paid.

Account Name	Volkshochschule Passau
Bank	Sparkasse Passau
SWIFT/BIC	BYLADEM1PAS
IBAN	DE29740500000000083543

Date: _____

Signature: _____