

Yelapa English Spanish Institute
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Medical Spanish Registration Form (Please fill in and EMAIL as MSWord document)

- 1 . Name: Age: Sex:
2 . Address:
3 . City: Postal Code /Zip Code
4 . Telephone Fax: Email:
5. Weeks of Spanish Classes : 1 week ___ \$380 2 wks ___ \$700

6. Additional Fees:

Registration- \$30 Accom Placement –Private \$35/ Home stay \$30; Materials* Binder - \$15 +Additional Texts - approx. \$55 (inquire depends on level)

7. Class Dates* _____ (Indicate Lev 1 or 2 or higher)

Nov 9-16 (Lev 1), Nov 16-23 (Lev 2)

Jan 4 – 11 (Lev 1), Jan 11 – 18 (Lev 2)

Please Inquire about Other Dates

8. Language Experience

1 (Beginner) 2 3 (Intermediate) 4 5 (Advanced)

9. Previous Spanish studies taken :

None Formal Informal/Self Study Immersion (# weeks)

Are you comfortable using:

verbs past tenses object pronouns commands subjunctive

When did you last study Spanish? For how long?

10. Participate in the Guided Activities? Yes No No. of People (#)

List activities of interest :

11. Accommodation (Please **BRING PAYMENT** to Yelapa, DO NOT pay YESI):

Would you like to arrange your own? ___ Yes ___ No

What accommodation would you prefer:

_____ Home-Stay (one/room with 2 meals) \$210/wk in shared room or \$245/wk private

_____ Private Suite from \$315/wk (\$45/night)

