

Registration Form for Adult Courses

Last Name, First Name: _____

Street Address: _____

Postal Code, City: _____

Phone Number: _____

Email Address: _____

Course Name/ Number: _____

Start date: _____ End date _____ Fee: _____

Direct Debit Authorization:

- I authorize the DAI Heidelberg to withdraw the course fees from my bank account until revoked:

Account Holder: _____

IBAN: _____

BIC: _____

- I have a DAI membership and request a discount, if available.
Please attach a copy of your membership confirmation.
- I agree to the collection, processing, storing and use of my personal data (including phone number and e-mail address) within the framework of legal data protection regulations for the purpose of contract processing. I have read and understood the privacy statement. The privacy statement can be found at dai-heidelberg.de*

With this registration I accept the **general terms of business** of the DAI Heidelberg Sprachschule. These can be found at dai-heidelberg.de.

Date

City

Signature

*Please note that without this declaration of consent we cannot process your registration.