

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*.
- ☐ I would like to receive the "Library & Education" newsletter, which is published approximately once a month. By checking this box and signing below, I consent to receiving the "Library & Education" newsletter approximately once a month. I understand that I may withdraw my consent at any time by using the unsubscribe link provided in the newsletter.

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