



# Education Department

## Enrolment For the C1 Course for Teachers

Mr  Mrs  Ms  Miss

Surname: .....

Name: .....

School: .....

Home address: .....

.....

Tel:.....mobile: .....

E-mail: .....

Mother tongue: .....

Foreign Language(s): .....

Fee: .....

**Goethe-Institut London**  
50 Princes Gate  
Exhibition Road  
London SW7 2PH  
T +44 20 7596 4000

**Contact:**  
Sabine Junker  
junker@london.goethe.org

### Payment

Cheque enclosed. Please make payable to "Goethe-Institut London"

I will make a payment to the Goethe-Institut's account no. 00648353 Sort Code 51-50-01

I wish to pay by Debit/Switch/Solo/Credit/Visa/Access/MasterCard

My debit/credit card number is: .....

Start Date: ..... Expiry Date: .....

Security No (last 3 digits on back of the card): .....

If cardholder's name & address is different from above: .....

.....

Postcode of account holder: .....House No of account holder: .....

Date ..... Signature: .....

[www.goethe.de](http://www.goethe.de)

**GOETHE  
INSTITUT**

Sprache. Kultur. Deutschland.