

# Registration Form



GCI House, Salthill, Galway, Ireland  
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Web: www.gci.ie

Please Complete in CAPITALS

Surname	_____	First Name	_____
Home Address	_____		
City	_____	Country/Postal Code	_____
Tel:	_____	Mobile:	_____
E-mail	_____	Fax No:	_____
Nationality	_____	Native Language	_____
Date of Birth	 day month year	Male <input type="radio"/> Female <input type="radio"/>	Occupation _____

STAPLE  
PASSPORT SIZE  
PHOTOGRAPH HERE

[Photo]

Where did you hear about our school? \_\_\_\_\_

How long have you studied English? \_\_\_\_\_

## Course Details (I wish to reserve a place)

Course Title	_____	Course Code	_____
Starting Date	_____	Finishing Date	_____
		No. of Weeks	_____

## Accommodation

Standard host family       Executive host family (en-suite)       Residence Apartments (Sat - Sat, 7 nights)  5 mins walk  25 mins walk

Arrival date at accommodation | |      Departure date from accommodation | |      No. of weeks \_\_\_\_\_  
day month year      day month year

Do you smoke? Yes  No       Do you like children? Yes  No       Do you like pets? Yes  No       Are you vegetarian? Yes  No

Do you have any dietary or physical restrictions, allergies? Yes  No

Please indicate any information you may consider relevant in order to place you in a family/accommodation that you require

\_\_\_\_\_

**Credit card details are required as a security deposit for all residential bookings.**

## Airport Transfers

Do you require an airport transfer? Yes  No

Date of arrival (in Ireland) | |      Date of Departure | |  
day month year      day month year

Flight Code / No \_\_\_\_\_      Flight Code / No \_\_\_\_\_

Time of Arrival \_\_\_\_\_      Time of Departure \_\_\_\_\_

## Booking and Payment Details

Tuition fee	€
Accommodation Fee	€
Registration fee	€ 55.00
Accommodation Placement fee	€ 55.00
Books & Materials	€ 50.00
Medical Insurance (obligatory for students who require a visa)	€ 190.00
Airport transfer	€
Meet and Greet Service	€
<b>Total</b>	€

### I enclose the following:

deposit €300  Full Fees  Amount € \_\_\_\_\_

Unless otherwise stated, we will deduct full fees from your credit card

**Paid by:** Banker's draft  Credit card  Bank Transfer

### Bank Account details:

Account name: Galway Cultural Institute  
AIB Bank,  
18 Eyre Square, Galway, Ireland.  
Sort code: 93-72-23  
Account No: 08820189  
Swift code: AIBKIE2D  
IBAN: IE81AIBK93722308820189

- Full settlement of the account should be made 28 days in advance (21 in winter).
- Please fax us a copy of our bank transfer and please quote your student reference number and name on all correspondence.
- All bank charges are the responsibility of the student.
- Where applicable, please fax us a copy of Bank transfer.

Visa  Master Card

Please debit my account with Visa / Mastercard:

Security code:  Expiry Date  |  |   
day month year

**I have read and I accept the terms and conditions of registration at Galway Cultural Institute** yes  no

I hereby declare that the above particulars are true and correct. By signing the form, I undertake to comply with all Terms and Conditions of Galway Cultural Institute. I also accept that Galway Cultural Institute reserves the right to change any of the details given in any course brochure and that the course commencement is dependent on student demand.

Date  |  |   
day month year

Signature: \_\_\_\_\_