

#### STUDENT DETAILS

FIRST NAME

DATE OF BIRTH

STREET ADDRESS

COUNTRY

EMAIL

FAMILY NAME

NATIONALITY

POSTAL CODE/CITY

SCHOOL

MOBILE/CELL PHONE

MALE  FEMALE

#### PARENT/GUARDIAN DETAILS

FIRST NAME

STREET ADDRESS

COUNTRY

TEL NUMBERS (in case of emergency)

EMAIL

FAMILY NAME

POSTAL CODE/CITY

HOME PHONE

HOME FAX

#### ACCOMMODATION

SINGLE ROOM (€ 40 extra per night)  SHARED ROOM

DIETARY REQUIREMENTS (eg. Are you a vegetarian, do you have any food allergies?)

DO YOU SUFFER FROM ANY ALLERGIES?

#### COURSES Please tick one subject/level for each major unit.

MAJOR UNITS	Subject/Level	Tick Box	Subject/Level	Tick Box	Subject/Level	Tick Box
Mathematics	Maths HL	<input type="checkbox"/>	Maths SL	<input type="checkbox"/>	Maths Studies	<input type="checkbox"/>
Science	Biology	<input type="checkbox"/>	Chemistry	<input type="checkbox"/>	Physics	<input type="checkbox"/>
Individuals and Societies	Economics	<input type="checkbox"/>	Geography	<input type="checkbox"/>	History	<input type="checkbox"/>
Language	English A	<input type="checkbox"/>	English B	<input type="checkbox"/>	German A	<input type="checkbox"/>

**Students must:**

- attend punctually, all classes for which they have been enrolled.
- sign in personally with the Duty Staff Member by 23.00 hrs each night.
- remain in the accommodation between 23.00 hrs and 07.00 hrs.
- not consume alcohol or tobacco on any premises in use by "IBWISE".
- behave in a responsible manner, and act within Austrian law at all times.

Any breach of the above conditions will be reported at the earliest possible convenience to the parent/guardian.

Parents/guardians are liable for any damage, loss or injury caused by their child.

Serious misconduct may result in the student being withdrawn from the course and returned home. In such circumstances, no refund of fees will be made, and the parent/guardian will be liable for all expenses incurred with respect to travel and accommodation.

Fees cannot be refunded after the due payment date. Prior to this date, students may be withdrawn and fees returned minus an administration charge of €80. All refunds will be made by bank electronic transfer, in euros.

Students must have full medical insurance cover.

It is also strongly advised to take out insurance which would cover

- damage or loss of personal belongings,
- cancellation after final payment date,
- third party liability.

I give permission for my son/daughter to leave "IBWISE" premises during the day and evening, at their own risk, on the condition that they return and register with the duty staff member by 23.00 hrs.

I give permission for medical treatment to be provided to my son/daughter if required and recommended by a qualified medical practitioner.

I have read carefully the terms and conditions above and agree to abide by them.

*IBWISE would like to use photographs from our courses on our website and in our printed media (no other information concerning your child will be used).*

By ticking the box you are giving permission to use ONLY your child's photograph.

STUDENT SIGNATURE

PARENT SIGNATURE

DATE

PRE-IB SUMMER COURSE JULY 16 - 30, 2010	RESIDENTIAL includes half board and accommodation in shared room with en suite facilities	NON-RESIDENTIAL includes 3 course lunch
Course Duration 15 days	2720 (16 nights)	2050

All prices in EURO

### PAYMENT DETAILS

**Personal cheque/bank draft.**   
(enclosed: payable to IBWISE)

**Bank electronic transfer**

**Credit Card**   
(please provide details below).

€400 will be charged to your credit card when we receive this registration form. We will then charge the balance of fees to your card on May 26th, 2010.

CREDIT CARD NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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MASTERCARD  VISA

EXPIRY DATE (MM/YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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VERIFICATION CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(the last 3 digits on the signature panel on the back of your card)

CARD HOLDER'S NAME

SIGNATURE

DATE

<input type="text"/>	<input type="text"/>
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Please remember that a deposit of €400 must be paid when you register. The balance of payment is due by May 26th, 2010. Any charges incurred by the chosen method of payment, must be borne by the payee. You may register at any time before the course begins, but should you register after May 26th, 2010, then the full fee is payable immediately your place is confirmed.

### OUR BANK DETAILS

**IBWISE Nora Schuster**

**Volksbank Wien Sort Code: 43000 Account No.: 452 028 64 000**

**IBAN: AT 95 4300 0452 0286 4000 SWIFT/BIC: VBWIATW 1**

Please send or fax to: