



Please complete the following information and return this form to The Language Doctors, Inc. to begin your language tutoring classes. Please fax to: 202-547-2311.

Name of student _____

Address _____

Phone _____ **Fax (optional)** _____

Email _____

Language _____

Current Skill Level **Beginner** **Mid-Level** **Advanced**

Goals for course _____

Schedule Requests

(circle days available)

Mon **Tue** **Wed** **Thu** **Fri** **Sat** **Sun**

Times

(circle times available)

Mornings **Afternoons** **Evenings**

Location for

Sessions _____

Course length

(choose one)

	1 Student	2-3 Students*	4-10 Students*
10 hours	___ \$43/hour	___ \$39/hour	___ \$34/hour
20 hours	___ \$41/hour	___ \$37/hour	___ \$32/hour
30 hours	___ \$39/hour	___ \$35/hour	___ \$30/hour

Payment

Please make check payable to: The Language Doctors, Inc, or provide credit card information

Total (circle one)

10 hours: \$430-\$390-\$340 **20 hours:** \$820-\$740-\$640 **30 hours:** \$1170-\$1050-\$900

Credit Card Number: _____ (circle one) Visa MasterCard AmEx

Expiration Date: ____ / ____

Authorization

Signature

(Signature)

(Name PLEASE PRINT)

*All rates are per student. For more than one student, all students must sign and return scheduling agreement before sessions begin