

Personal Information	Accommodation <small>Do you require accommodation?</small>												
First Name <span style="float: right;"><input type="checkbox"/> M <input type="checkbox"/> F</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, please complete below</small>												
Last Name	<b>Homestay Preferences</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Standard</td> <td><input type="checkbox"/> Private bath</td> </tr> <tr> <td><input type="checkbox"/> Full board (3 meals per day)</td> <td><input type="checkbox"/> Half board (breakfast and dinner)</td> </tr> <tr> <td><input type="checkbox"/> Shared full board (3 meals per day)</td> <td><input type="checkbox"/> Shared Half board (breakfast and dinner)</td> </tr> <tr> <td><input type="checkbox"/> Non-smoking</td> <td><input type="checkbox"/> Smoking <input type="checkbox"/> No preference</td> </tr> <tr> <td><input type="checkbox"/> No pets</td> <td><input type="checkbox"/> Pets <input type="checkbox"/> No preference</td> </tr> <tr> <td><input type="checkbox"/> No children</td> <td><input type="checkbox"/> Children <input type="checkbox"/> No preference</td> </tr> </table> I cannot eat or I am allergic to ----- My hobbies and interests are -----	<input type="checkbox"/> Standard	<input type="checkbox"/> Private bath	<input type="checkbox"/> Full board (3 meals per day)	<input type="checkbox"/> Half board (breakfast and dinner)	<input type="checkbox"/> Shared full board (3 meals per day)	<input type="checkbox"/> Shared Half board (breakfast and dinner)	<input type="checkbox"/> Non-smoking	<input type="checkbox"/> Smoking <input type="checkbox"/> No preference	<input type="checkbox"/> No pets	<input type="checkbox"/> Pets <input type="checkbox"/> No preference	<input type="checkbox"/> No children	<input type="checkbox"/> Children <input type="checkbox"/> No preference
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<input type="checkbox"/> No children		<input type="checkbox"/> Children <input type="checkbox"/> No preference											
Date of Birth: D      M      Y      Nationality													
Address													
City      Province/States/													
Postal Code      Country													
Telephone      Fax													
E-mail													
Emergency Contact													
Relationship      Telephone													
Airport Pickup <small>Do you require Airport Pickup?</small>	Accommodation Dates												
<input type="checkbox"/> Yes <input type="checkbox"/> One way <input type="checkbox"/> Two way <input type="checkbox"/> No	Start Date: D      M      Y												
If yes, Please complete below	End Date: D      M      Y												
Arrival Date: D      M      Y	<b>Travel &amp; Medical Insurance</b> <small>Purchase Travel Medical Insurance?</small>												
Arrival Time      (24 hour clock, EG:15:45)		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, please complete below</small>											
Airline      Flight Number		Start Date:      End Date:											
Origin													

Course Selection	
<b>General English (GE)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> General English 30 (30 lessons per week)</li> <li><input type="checkbox"/> General English 15 (15 lessons per week)</li> </ul> <b>Speaking Clinic (SC)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Speaking Clinic 30 (30 lessons per week)</li> <li><input type="checkbox"/> Speaking Clinic 15 (15 lessons per week)</li> </ul> <b>Speaking Test Master (STM)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Speaking Test Master (30 lessons per week for 8 weeks)</li> <li><input type="checkbox"/> Speaking Test Master (15 lessons per week for 8 weeks)</li> </ul>	<b>English for International Business (EIB)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 30 lessons per week for 8 weeks</li> <li><input type="checkbox"/> 15 lessons per week for 8 weeks</li> </ul> <b>Career English Focus</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospitality and Tourism English Specialist</li> <li><input type="checkbox"/> Marketing English Specialist</li> </ul> <b>Teen Project Learning Course</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Teen Project Learning Course (30 lessons per week)</li> </ul> <b>English For Academic Purposes</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 4 weeks</li> <li><input type="checkbox"/> 8 weeks</li> <li><input type="checkbox"/> 12 weeks</li> </ul>
<b>Private lessons</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - to-1 Lessons</li> </ul>	

Course Dates	
Number of weeks:      Start Date: D      M      Y      End Date: D      M      Y	

I have read, understand and agree to the General Conditions Information and iTTTi Vancouver Policies as available on [www.ittti.ca](http://www.ittti.ca).

**Student Signature** \_\_\_\_\_

Date: D      M      Y

Students under the age of 19 at time of registration must have their application form signed by a parent or legal guardian.