

Dilettante Programme Registration Form

Please read the terms and conditions carefully before filling out the form and returning it to: **The Red House, 1 Lambseth Street, Eye, Suffolk IP23 7AG** with a non-returnable deposit of £400 per applicant. We will send you a receipt and confirmation. Eight weeks before the beginning of the course we will send you a precise itinerary, accommodation details, travel arrangements, and a note of our fees.

Course name	
Name (as it appears on your p	assport) 1
	2
Postcode	
Telephone number	
Mobile number	
E-mail	
Are you in possession of an up to date passport ? Yes No (NB your passport must be valid for six months after the date of arrival for some destinations) European destinations: Are you aware that if you hold a non European Passport you may have to apply for a visa? Yes No	
Your passport number	1 2
Nationality	1 2
Date of Birth	1 2
Expiry date	1 2

expenses and repatriation. Insurance taken out at the time of booking will give immediate protection for the deposit paid. Who are your insurers? What is your policy number?..... What is their Emergency Service Number?..... Medical Have you any medical condition or do you take any medication of which we should have knowledge? Please give details: Emergency contact name and telephone number for family member or friend in the UK: (optional) Do you have any special **dietary requirements** (we organize group meals and so this information is very important)? **Would you like a single room?** (Please note the single room supplement) Yes No I have read the Terms and Conditions, taking special notice of the cancellation procedure (please tick) The person responsible for the fees should sign underneath and return this form enclosing a deposit made out to Art History Abroad, Client Trust Account, If you would prefer to pay by bank transfer please contact us for our bank details. Deposit at £400 per person for applicants. Total enclosed £..... Signature Date

When traveling with AHA Courses Ltd you must have travel insurance, which covers medical

Insurance

Print Name