

Registration for a language course by Swedishexpress

Surname: _____

First Name: _____

Date of birth: _____

Address: _____

Phone: _____

Email: _____

Selected town: _____

Selected language level *: _____

Selected week and date: _____

Language experience:

Selfstudy

Sweden journeys

Other: _____

Have you done a Swedish course by "Swedishexpress" before?

Thank you for your registration!

* Beginner without previous knowledge; A1.2 - Beginner with little previous knowledge;
A2; B1; B2; C1; C2

Schwedischexpress

Gröna Lund 110
438 98 Hindås/Sweden

Org. 720301-7590
VAT: SE720301759001

www.swedishexpress.eu
info@swedishexpress.eu