

Buchungsformular
Inquiry (prices according to your request)
HUMBOLDT Institut
Send: Cooperation Center Klinge-Berg
Fax: +49 8453 337731 / Mobile +49 171 2605472
Mail: kb@klinge-berg.com



Parents	Student
Family	First name
	Surname
Street / house	Birth date
Index-city	Nationality
Phon:	ID card
Fax:	Phon
e-mail:	e-mail

From	Date	Prise €
From when / how many weeks		
Transfer airport → HUMBOLDT		
Transfer HUMBOLDT → airport		
Additional courses		
Health insurance		
TOTAL		€

Guarantee of payment

Banc transfer till →	Signature of Parents
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We agree to the booking conditions and the contract.
We hereby give our consent, which we personally sign.

Sign _____ Date _____

We agree to the terms and conditions of the cooperation center KLINGEN-BERG