

## PAYMENT INFORMATION

PLEASE ACCEPT MY PAYMENT OF		\$ _____	
Payment Method	<input type="checkbox"/> Bank Wire Transfer <i>We will contact you with bank wire information</i>	<input type="checkbox"/> Credit Card (Visa/MasterCard)	
Credit Card No.		Expiration Date	
Billing Address for Credit Card			
I authorize CISL to charge \$ _____ to this credit card	Credit card authorization signature required		

Express Mail delivery of documents is available upon request for approximately \$55 (price varies by country). This fee is not refundable.

Please send my documents by Express Mail  Yes  No

### Agreement

This agreement is a legally binding instrument when signed by me and accepted by the school. I have read, understood, and agree to the terms and conditions, the refund and cancellation policy, schedule, prices, and starting dates. I confirm that I have sufficient funds to pay all the necessary costs of my course and accommodations during my entire period at CISL. In case of illness or injury, I grant permission to be examined or treated as necessary. Any questions concerning the school that have not been satisfactorily answered or resolved by the school should be directed to the student's consulate, the U.S. Immigration Service.

\_\_\_\_\_  
Applicant Signature (Required to process application)

\_\_\_\_\_  
Parent/Guardian Signature (Required if applicant is under 18 years of age)

\_\_\_\_\_  
Name of Parent/Guardian (if applicable)

\_\_\_\_\_  
Date

Please print, sign, and return to CISL San Diego or CISL San Francisco via fax, scanned email attachment, or post  
CISL SD Ph: 619-239-3363 Fax: 619-239-3778 • CISL SF Ph: 415-495-7470 Fax: 415-495-7467

Please quote the Booking No. and make payment to: Converse  
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