



ENROLMENT FORM

25th AUSTRALIAN ESPERANTO SUMMER SCHOOL

at
International House, The University of Sydney
96 City Road, Chippendale, NSW

Sunday 10th January to Saturday 23rd January 2010 (14 nights)

Please use one form per person and print clearly

Title: _____ Family name: _____ First name: _____

Address: _____

_____ Postcode _____ Country _____

Telephone numbers (daytime) _____ (Mobile) _____

e-mail address _____

FULL TIME

Registration Fee

(All participants except school children)

	Till 31 Oct 2009	After 1 Nov. 2009	\$
	\$ 130	\$ 150	

Course fee

Course fee (AEA or NZEA Member)

DEDUCT Concession if applicable*

	\$ 350	\$ 380	
	\$ 290	\$ 320	
	-\$ 50	-\$ 50	-

Accommodation & Meals

14 Nights - Single Room

14 Nights - Twin share

Family Room (2 Adults + 2 Children)

	\$ 1,320	\$ 1,410	
	\$ 1,150	\$ 1,220	
	\$ 2,590	\$ 2,660	

PART TIME

Registration & Course Fee (week days)

Accommodation & Meals - Twin share

Extra for Single room

Evening Programme only

	\$55 per day	\$60 per day	
	\$ 100 per night	\$ 105 per night	
	\$ 15 per night	\$ 15 per night	
	\$ 5 per evening	\$ 5 per evening	

Excursion – Full Day

Saturday 17 Jan. – Incl. Ferry and Entry to Taronga Park Zoo (Children <16: half price)

	\$ 50	\$ 50	
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Total A \$

\$

School children – Course free (Sponsored by the AEA)

* Concession rate is offered to full time students and pensioners. (Sponsored by the AEA)

Date of first night : Jan 2010 Date of last night : Jan 2010

Payment

I am paying \$_____ by cheque enclosed.

I am paying \$_____ directly to the **CBA Bank** account,

AEA Summer School, BSB **063-138**, Account number **1035 3462**

[Swift code **CTBAAU25**, Adreso: 661 Glenferrie Road, Hawthorn Victoria 3122 Australia]

I am paying \$_____ by PayPal_ (libroservo@esperanto.org.au) **ADD 3% for Paypal fee**

Prepayment in full is requested – a 10% cancellation fee applies after 1 December 2009

Meals & Dietary Requirements

All meals included - from dinner on Sunday 10 January to lunch Saturday 23 January

Please indicate: I am / am not a Vegetarian

My special requirements are (eg. Health, gluten free, etc.): _____

Classes

Classes are on week days commencing 9.00am Monday 11 January

I wish to join the following class: (underline and show your first and second preferences)

Childrens Group (beginners)

Level 1 (real beginners)

Level 2 (after beginners)

Level 3 (intermediates)

Level 4 (advanced)

I wish to attend sessions to prepare to do an examination of the AEA: Yes / No

I agree that my name, address and contact details may be distributed to participants: Yes / No

Signature _____ Date _____

Please note: the voluntary organising committee reserves the right to change the programme

Please send to:

AUSTRALIAN ESPERANTO SUMMER SCHOOL 2010
c/o Mr. Alan Turvey
2 Knight Close,
Ourimbah, NSW 2258

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Email: esperantoschool@gmail.com

www.aesk.esperanto.org.au