

CLOSED GROUP TRAINING**20-Hour Program****YOUR CLUB INLINGUA**

Create Your Own Language Class!

Languages: ENGLISH - GERMAN - FRENCH – LUXEMBOURGISH
SPANISH – ITALIAN - PORTUGUESE

Bring friends, family or colleagues, and we'll design a personalized course just for your group.

Learn at your pace, with the people you know, in a fun and focused setting.

It's your language journey, tailored to fit!

Homogeneous mini-group of 2 to 4 learners of the same linguistic level.

Dedicated to general and oral language - Optimal frequency and compliance with the standards and advantages of the inlingua[®] method.

Schedule: Learn on your schedule! Pick the times that work best for your group and we'll match you with a teacher

Course location: 5 rue de Hesperange L-1731 Luxembourg

HYBRID SCHOOL travel concerns for a session? [Attend online !](#)

Group of **2 learners** - 790€/learner inc. VAT*

Group of **3 learners** - 527€/learner inc. VAT*

Group of **4 learners** - 395€/learner inc. VAT*

Includes an end-of-course certificate , the registration fee and the learning material.

REGISTRATION FORM

GROUP COURSE : YOUR CLUB INLINGUA

The YOUR CLUB INLINGUA mini-group course is a 20-hour package, offering an optimal frequency of training while respecting the standards and advantages of the inlingua® method.

Each registration includes an oral level test (for non-beginners) to ensure that your group is at the same linguistic level.

INFORMATION ABOUT THE TRAINING

TARGET LANGUAGE : ENGLISH GERMAN FRENCH LUXEMBOURGISH
 SPANISH ITALIAN PORTUGUESE

CURRENT LANGUAGE LEVEL : GREAT BEGINNER TO TEST

TRAINING SESSION start :

- February March April May June
 July August September October November

Preferred lesson time:

- in the morning in the afternoon in the evening

INFORMATION ABOUT THE LEARNER

Ms Mr **SURNAME :**
FIRST NAME :
EMAIL ADDRESS :
PHONE NUMBER:

INFORMATION ABOUT THE INVOICING

NAME (if different from learner or company) :

Intra- Community VAT number (if company) :

POSTAL ADDRESS (and PO box) : _____

POSTAL CODE: _____ **CITY:** _____ **COUNTRY:** _____

FORM OF PAYMENT : CREDIT CARD BANK TRANSFER

I acknowledge that I have read
the general conditions and that I accept,
in particular the paragraphs relating to the
conditions of payment and cancellation.

Date and Agreement : _____