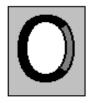
## CHRIS P. ODIJK

## **English courses & translations**



Dr C. P. Odijk Sworn Translator Xandra Lammers, LLM Translator & interpreter

## **ENROLMENT FORM**

Mr/Ms:	
Address:	
Postal code and place:	
Phone numbers:	
Private/Work	
Email:	
Name of the course (Also state whether you want to e	enrol for the regular or the correspondence version of the course.)
Previous education/ diplomas obtained:	
I declare that I have read and acc these General Conditions of Enro	cept the General Conditions of Enrolment and Payment, as formulated in Article 14 of Ilment and Payment.
Date:	Signature:

The enrolment form must be sent to the address mentioned below or mailed to the e-mail address mentioned below. At the same time, the student must pay an enrolment fee of EUR 50 into one of the accounts mentioned below. (This enrolment fee will be set off against the course fee.) After the submission of the enrolment form and payment of the enrolment fee, the student will receive a written confirmation of receipt and an invoice for the remaining amount. If needed, the student may make an appointment for an introductory conversation.

Erich Salomonstraat 525, 1087 GT Amsterdam, the Netherlands, Phone +31 (0) 20 679 43 07; Mobile: 06 10698933; Email address: cpodijk@outlook.com; Internet: www.chrisodijk-xandralammers.nl ABN-Amro: NL31 ABNA 0444 6785 57; Vat No.: NL001340225B95