



APPLICATION FORM

COMPUTER ASSISTED GREEK LANGUAGE COURSES

LAST NAME:

NAME:

NATIONALITY:

DATE OF BIRTH:

ADDRESS:

POSTAL CODE:

CITY:

PHONE:

FAX:

E-mail:

Preferable hours &
days of attendance:

Please fill out the application form and send it by Jan. 20, 2009 at the latest to fax: 2310 41 18 86, emails: maria@sae.gr, fotini@sae.gr, mailing address: 23 Maria Callas St., 54 655 Thessaloniki c/o Maria Tzika or Fotini Makri. Phone: 2310 41 19 55.

The application form is also available on the SAE website: www.sae.gr.

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YOUTH