



**Sprachreisen**

c/o PDM Schüler- und Studentenreisen GmbH  
Neubaugasse 68  
A - 1070 Wien  
Tel: +43 1 478 80 90 - 24  
Fax: +43 1 478 80 90 - 42  
office@pdmsprachreisen.com  
www.pdmsprachreisen.com

## **APPLICATION LANGUAGE TRAVEL**

### **Personal information**

Last name (according to passport):

First name (according to passport):

Address:

ZIP, city:

Date of birth:

E-Mail:

Phone:

Mobile:

Nationality:

Gender:  female  male

School:

Responsible teacher:

### Parents

Last name:

First name:

Phone:

Mobile:

### **Language travel information**

Destination:

Date:

City of departure:

Special requests, allergies etc.:

Class:

Year of learning the language:

The responsible teacher has informed me about the detailed quotation and the price of the language travel. I've taken notice of the PDM travel conditions.

Date:

Signature of one parent:

Please return this application form to the responsible teacher.