**

Montessori Methodology in Language Learning

Training Seminars

**Registration Form for adult educators and for language learners**

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| --- | --- |
| First name: |  |
| Family name: |  |
|  | Mr ⬜ | Ms ⬜ |
| Nationality: |  |
| Occupation: |  |
| Date of Birth: |  |
| Postal Address for correspondence: |  |
| Telephone (landline): |  |
| Cell phone: |  |
| Fax: |  |
| E-mail: |  |
| Skype name: |  |
| I would like to register in the following session of MMLT:  |
| **Training Seminar (face to face)** **[ ]**  |
| **Training Seminar (online)** **[ ]**  |
| **Piloting Activity as a learner (language lesson)** **[ ]**  |
| Dates: | From: …………………. To: ……………………….. |
| Type of course: | GROUP COURSE ⬜ PRIVATE COURSE ⬜  |
| OTHER COMMENTS |
|  |

**Notes:**

* The personal data in this registration form will be kept in the organization’s archives and will not be used for any other purpose
* I agree to the following: the organizing institution can use the training sessions for research reasons and the data obtained through this seminar(s) for reporting.

 ………………..…..………… ……………………………………………

Date Signature

**It would be very useful to answer the following questions:**

1. Why do you want to participate in the MMLT seminar?

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2. What do you hope to achieve with the seminar?

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3. Are you already familiar with the Montessori approach?

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4. Do you currently teach in some organization or do you organize your own private language lessons to adults? How do you think about using the new knowledge acquired in the seminar?

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