

Questionnaire for China Program with BM

Filling Date:

Prepared by:

Contact Name		Email address	
Tel (M)	(H)	(O)	
Name of Student (English)		(中文)	
Age:		Sex:	
Student's Nationality:		Student's Ethnic:	
Family Primary Language:		Second Languages:	
College / School / Kindergarten attended:			
Current Level of Mandarin in speaking, listening, reading and writing			
Type of our China Program (please tick)			
<input type="checkbox"/> Mandarin Short Term Immersion Program		<input type="checkbox"/> Festival Mandarin Program	
<input type="checkbox"/> Mandarin & Activities Camp		<input type="checkbox"/> Mandarin Program in College in China	
<input type="checkbox"/> Tailor Made Program by Request		<input type="checkbox"/> Mandarin Examination preparation	
Please specify if you choose the Tailor Made Program & Mandarin Examination			
Preferred City (please tick)			
<input type="checkbox"/> Beijing		<input type="checkbox"/> Xi'an	
<input type="checkbox"/> Shanghai		<input type="checkbox"/> Other	
Please state the city if you tick Other:			
Proposed season and time duration suit you			
Season in () days ()			
Proposed Departure Date and Proposed Return Date			
Departing on (/ /) Returning on (/ /)			
Please state your expectation on the program (Course required and aim)			
Please enter any additional comments here (any self travel arrangement, lodging arrangement, identity of travel companion or any request about the stated issue? Etc.)			

The following is our contact information. Welcome any further inquiries. If you wish to attend the course, please enroll at least 4 weeks earlier before your departure. Thank you for your attention.