



INTERACTING RESERVATION FORM

CONTACT INFORMATION

NAME OF SCHOOL	NIF/CIF OF SCHOOL
TEL SCHOOL	FAX SCHOOL
NAME OF CONTACT	TEL CONTACT

ADDRESS OF VENUE

NAME OF VENUE [leave in blank if venue is above mentioned school]	STREET + NUMBER
CITY CODE + CITY	PROVINCE

BOOKING OF THE FOLLOWING SERVICE/s

<input type="checkbox"/> Show [800 €]	<input type="checkbox"/> Storytelling [450 €]
<input type="checkbox"/> 2 Shows [1.500 €]	
OTHER [please precise]	

INFORMATION ON SHOW/s or SERVICE/s

TITLE OF SHOW or DESCRIPTION OF SERVICE	
DATE/s OF PERFORMANCE/s	TIME/s OF PERFORMANCE/s

INFORMATION ON AUDIENCE

NUMBER OF PARTICIPANTS	AGE OF PARTICIPANTS
LEVEL OF ENGLISH	
<input type="checkbox"/> 0 - beginner	<input type="checkbox"/> 2 - advanced
<input type="checkbox"/> 1 - intermediate	<input type="checkbox"/> 3 - fluent

IMPORTANT PAYMENT INFORMATION

Please transfer amount to the following account, indicating the invoice number in the transfer details:
Caja Madrid, Account number 2038 1086 40 6000558912
 C/Ezequiel Solana, 90, 28017 Madrid,
 IBAN: ES35 2038 1086 4060 0055 8912, BIC: CAHMESMMXXX

On receipt of the fee, INTERACTING will send the preparatory material to your school.

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 (Date and Signature of contact person)