



International Montessori Institute

The Netherlands

Appendix – Payment by employer

Association Montessori International (0-3) 2019-2020

If an employer pays for this programme instead of the participant, the information below has to be filled out and signed by an authorized person of the employer. The enrolment requirements of The International Montessori Institute are applicable.

Please fill out this form, sign it and send it with the required documents by email to: info@imi-global.nl

The undersigned declares to take over the payment obligation associated with the enrolment of the student for this programme.

Data of participant:

Name and initials: _____

Enrolment for programme (name): _____

Data for invoice:

Name of paying organization: _____

Address/P.O. Box: _____

Postal code/city: _____ Country: _____

Contact person: _____

Telephone: _____

Email: _____

Purchase order: _____

Invoice by email: yes no

Email address for invoice: _____

Name (in capitals): _____

Place: _____ Date: _____

Signature: _____