CAESAR FAMILIES ASSOCIATION
رابطة عائلات قيصر
http://caesarfamilies.org
info@caesarfamilies.org

Price Offer

Offer to: Caesar Families Association e.V

Date:

Name of the service provider:

Address:

Contact information: Phone no.
Email:

Description	**Unite**	**Cost/ class (Euro)**	**Notes**
English classes for families and survivors	Class		
Total Cost (Euro)			

Please write/ attach a short description of your teaching approach, methodology and your proposed Teaching Plan, including:

- Suggested number of sessions per week.
- Duration of each session (minimum 60 minutes).
- Estimated total number of sessions over the contract period.

Offer validity period: _____

Bank account details (account holder name + IBAN + BIC/Swift + Bank address):

Account holder name: _____

IBAN: _____

BIC/Swift: _____

Bank address: _____

Note: PTT accounts are not accepted.

Signature: