

INFORMATION SHEET (please type answers)

DATE _____ TIME ZONE YOU ARE IN _____

NAME _____

EMAIL ADDRESS: _____

PHONE: _____

COUNTRY OF ORIGIN _____

COUNTRY OF RESIDENCE _____

NATIVE LANGUAGE _____

PROFESSION _____

DO YOU SPEAK ENGLISH DAILY? _____

WHAT HAVE YOU TRIED PREVIOUSLY TO IMPROVE YOUR ACCENT?

WHAT ARE YOUR PRIMARY DIFFICULTIES WITH AMERICAN ENGLISH?

** return this sheet to: dro@accent-american.com as soon as possible after registration

Foreign accent modification for professionals in all fields