

TEF ANF – Payment information
French Institute Alliance Française
(to be filled out by each candidate)

First / Last Name: _____ **Date of the session:** _____

Please indicate your status and the sections you choose by checking the appropriate boxes:

I am a FIAF student / active member (membership # _____)

I am NOT a FIAF member / student:

| | FIAF Member | FIAF Non-member |
|----------------|-------------|-----------------|
| All 4 sections | \$350 | \$385 |

PAYMENT METHOD

MasterCard AMEX Visa # _____

Name on card: _____ Exp. Date: ____/____

CVV: _____

**PLEASE EMAIL BOTH REGISTRATION AND PAYMENT FORMS, AND A PHOTOCOPY OF
YOUR PASSPORT OR YOUR ID in pdf format TO:**

vsiraisi@fiaf.org

Mrs. Voahangy Siraisi

I understand that should I fail to be present the day of the examination, the fees of the units I have registered for will not be refunded to me.

Candidate's signature _____

I heard about the TEF ANF from _____

THANK YOU!