TCF pour la DAP
REGISTRATION FORM – Test Date: ____________

Last Name: _______________________________  First Name: _______________________________
Address: _______________________________________________________________
City: ______________________  State: __________  Area Code: __________
Home Phone #: _____________________  Mobile Phone #: _______________________
Email Address: ___________________________________________________________
Title:  Mr. ☐  Ms. ☐
Date of Birth: ________________________ (please write out)
Place and Country of Birth: _______________________________________________
Nationality (only one): _________________________________________________
Usual Spoken Language (only one): _______________________________________

☐ I am a FIAF member  Membership #: ________________________________
☐ I am not a FIAF member

<table>
<thead>
<tr>
<th>Compulsory Section</th>
<th>FIAF members</th>
<th>Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$300</td>
<td>$330</td>
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</tbody>
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Test Fee Payment by credit card only before the registration deadline or email it to Ms. Voahangy Siraisi at vsiraisi@fiaf.org.

VISA ☐  MC ☐  AMEX ☐  # ____________________________  Name on card: _____________________________
Expiration Date: Month _ _  Year _ _  CVV: _____
☐ I’ve learned about this test by ______________________________