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></th>
<th>FIAF members</th>
<th>Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory Listening Comprehension</td>
<td>$200</td>
<td>$215</td>
</tr>
<tr>
<td>and Oral Expression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional Reading Comprehension</td>
<td>$65</td>
<td>$70</td>
</tr>
<tr>
<td>Optional Written Expression</td>
<td>$70</td>
<td>$85</td>
</tr>
</tbody>
</table>

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 __________________________