Test de Connaissance du Français (Standard TCF)

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 Section</td>
<td>$200</td>
<td>$215</td>
</tr>
<tr>
<td>Optional Oral Expression</td>
<td>$100</td>
<td>$115</td>
</tr>
<tr>
<td>Optional Written Expression</td>
<td>$100</td>
<td>$115</td>
</tr>
<tr>
<td>Compulsory Section + Oral + Written</td>
<td>$350</td>
<td>$385</td>
</tr>
</tbody>
</table>

Test Fee Payment by credit card only before the registration deadline or email it to Ms. Voahangy Siraisi at v siraisi@fiaf.org.

VISA ☒  MC ☒  AMEX ☒  # ___________________________  Name on card: ______________________
Expiration Date: Month _  Year _  CVV: ______
☒ I’ve learned about this test by ________________________________