



fi : af

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

	FIAF members	Non-members
Compulsory Section	\$200	\$215
Optional Oral Expression	\$100	\$115
Optional Written Expression	\$100	\$115
Compulsory Section + Oral + Written	\$350	\$385

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 _____