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>
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<td>$300</td>
<td>$330</td>
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❑ I understand there is a $5.00 administration fee in addition to the exam fee.

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: _____ Total Amount: __________________
❑ I’ve learned about this test by ___________________________