# Registration Form

<table>
<thead>
<tr>
<th>AFFAIRES</th>
<th>TOURISME – HOTELLERIE - RESTAURATION</th>
<th>RELATIONS INTERNATIONALES</th>
<th>HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ A1</td>
<td>□ A2</td>
<td>□ B1</td>
<td>□ B1</td>
</tr>
<tr>
<td>□ A2</td>
<td>□ B1</td>
<td>□ B2</td>
<td>□ B2</td>
</tr>
<tr>
<td>□ B1</td>
<td>□ B2</td>
<td>□ C1</td>
<td>□ B2 / C1</td>
</tr>
</tbody>
</table>

Date of session

```
[ ] [ ] / [ ] [ ] / [ ] [ ] [ ]
M M D D Y Y Y Y
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All dates on this form

**CIVIL STATUS (capital letters, one per box)**

- □ Ms.
- □ Mrs.
- □ Mr.

Passport # or State ID #

Last name*

First name*

Maternal language*

Birth date*  

```
[ ] [ ] / [ ] [ ] / [ ] [ ] [ ]
M M D D Y Y Y Y
```

Nationality*

**CURRENT ADDRESS**

Postal code

| [ ] [ ] [ ] [ ] [ ] |

City

State*  

Country**

Telephone**

| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |

Email**

Date of session

```
[ ] [ ] / [ ] [ ] / [ ] [ ] [ ]
M M D D Y Y Y Y
```

All dates on this form

**SIGNATURE**

✓ I have read and accept the conditions of registration and the exam that have been communicated to me.

✓ I swear to the accuracy of the information provided.

Date: ___________________________ Signature: ___________________________