TCF CANADA
REGISTRATION FORM – Test Date: ____________

Last Name: ___________________________ First Name: __________________

Address: ________________________________________________________________

City: ___________________ State: ___________ Area Code: __________

Home Phone #: ___________________ Mobile Phone #: ___________________

Email Address: ________________________________________________________

Sex:  Male  Female

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>Section</th>
<th>FIAF members</th>
<th>Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 4 sections (Listening/Reading Comprehension, Oral and Written Production)</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 vsiraisi@fiaf.org.

VISA ☐ MC ☐ AMEX ☐ # ___________________________ Name on card: _______________________

Expiration Date: Month __ Year __ CVV: __________

☐ I’ve learned about this test by ____________________________