TCF Integration, Residence, Nationality (TCF IRN)
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>FIAF members</th>
<th>Non-members</th>
</tr>
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<tbody>
<tr>
<td>$350</td>
<td>$385</td>
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All 4 sections (Listening/Spoken Comprehension, Oral and Written Production)

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 ____________________________________________