REGISTRATION FORM – Test Date: ________________

Last Name: ___________________________ First Name: ___________________________

Address: ________________________________________________________________

City: ______________________________ State: __________ Area Code: __________

Home Phone #: ___________________________ Mobile Phone #: ___________________________

Email Address: __________________________________________________________

Title:  Mr.  Ms.  Prefer not to say

Date of Birth (Format: 18 August 1979): ______________________________________

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

Please circle any amount(s) below

<table>
<thead>
<tr>
<th></th>
<th>FIAF members</th>
<th>Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 4 sections (Listening/Reading</td>
<td>$350</td>
<td>$385</td>
</tr>
<tr>
<td>Comprehension, Oral and Written</td>
<td></td>
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<tr>
<td>Production)</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 Language Center at languagecenter@fiaf.org.

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

Expiration Date: Month __ Year __ CVV: _____ Total Amount: ____________________________

Reason I take the test:  ☐ French Citizenship  ☐ Integration  ☐ Residence in France

☐ I’ve learned about this test by ____________________________