Test de Connaissance du Français (Standard TCF)
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>Compulsory Section</td>
<td>$200</td>
<td>$215</td>
</tr>
<tr>
<td>Optional Oral Expression</td>
<td>$100</td>
<td>$115</td>
</tr>
<tr>
<td>Optional Written Expression</td>
<td>$100</td>
<td>$115</td>
</tr>
<tr>
<td>Compulsory Section + Oral + Written</td>
<td>$350</td>
<td>$385</td>
</tr>
</tbody>
</table>

☐ 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: ☐ Academic ☐ Personal ☐ Professional ☐ Other __________________________
☐ I’ve learned about this test by ____________________________________________________________