

**TEF Canada – Payment information**  
**French Institute Alliance Française**  
 (to be filled out by each candidate)

**First / Last Name:** \_\_\_\_\_ **Date of the session:** \_\_\_\_\_

**Please indicate your status and the sections you choose by checking the appropriate boxes:**

**I am a FIAF student / active member (membership # \_\_\_\_\_)**

**I am NOT a FIAF member / student:**

	FIAF Members	Non-Members
Full test with all 4 sections	\$280	\$320

**PAYMENT METHOD**

Check # \_\_\_\_\_ (payable to FIAF)

M.O. # \_\_\_\_\_ (payable to FIAF)

MasterCard  AMEX  Visa # \_\_\_\_\_

Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

**PLEASE SEND A COPY OF BOTH REGISTRATION AND PAYMENT FORMS WITH YOUR PAYMENT TO:**

Mrs. Voahangy Siraisi

BY EMAIL at [vsiraisi@fiaf.org](mailto:vsiraisi@fiaf.org)

**THE ORIGINAL REGISTRATION FORM SHOULD BE MAILED TO THE ATTENTION OF**

Mrs. Voahangy Siraisi

**I understand that should I fail to be present the day of the examination, the fees of the units I have registered for will not be refunded to me.**

Candidate's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_ (For minors only)

**I heard about the TEF Canada from** \_\_\_\_\_

THANK YOU!