

<p>TEF – Payment information French Institute Alliance Française (to be filled out by each candidate)</p>

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 # _____)

<u>All Sections</u>	<u>Compulsory Sections</u>	<u>Optional Sections</u>		Total
		<i>Written Expression</i>	<i>Oral Expression</i>	
\$300	\$170	\$85	\$85	\$.....
		<u>All optional sections</u> \$165		

I am NOT a FIAF member / student:

<u>All Sections</u>	<u>Compulsory Sections</u>	<u>Optional Sections</u>		Total
		<i>Written Expression</i>	<i>Oral Expression</i>	
\$360	\$200	\$110	\$110	\$.....
		<u>All optional sections</u> \$210		

PAYMENT METHOD

- Check # _____ (payable to FIAF)
 M.O. # _____ (payable to FIAF)
 MasterCard AMEX Visa # _____
 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

THE ORIGINAL FORMS 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 TEFAQ from _____

THANK YOU!

French Institute Alliance Française 22 East 60th Street New York, NY. 10022

Contact: vsiraisi@fiaf.org Tel (646) 388-6691

Fax (212) 527-2678