

<p><u>TEFAQ – Payment information</u> French Institute Alliance Française (to be filled out by each candidate)</p>
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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 Member	FIAF Non-member
Listening Comprehension & Oral Expression	\$170	\$200

PAYMENT METHOD

- Check # _____ (payable to FIAF)
- M.O. # _____ (payable to FIAF)
- MasterCard AMEX Visa # _____
- Exp. Date: ____/____/____

PLEASE SEND THIS REGISTRATION FORM WITH YOUR PAYMENT TO:

Mrs. Voahangy Siraisi

BY FAX BY EMAIL
 (212) 527-2678 vsiraisi@fiaf.org

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)