

<p><b><u>TEF – Payment information</u></b>  <b>French Institute Alliance Française</b>          (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 member / student (membership # \_\_\_\_\_)

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

I am NOT a FIAF member / student:

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

**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 (212) 527-2678      BY EMAIL 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)

**French Institute Alliance Française** 22 East 60<sup>th</sup> Street New York, NY. 10022

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

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