

REGISTRATION FORM

Date:

.....
Last Name (please print) First Name (please print)

.....
Address Apt. City State Zip

.....
Home Phone Cell Phone E mail @.....

.....
Company Name & Address Work Phone

Are you a Member of FIAF? Yes No **Are you a new Student?** Yes No

Membership Number : & Expiration Date: mm/dd/yyyy / /

Please Note: Registering for a French class at FIAF entitles you to a full year of FIAF Membership benefits.

Participant Info:

- 1) Date of Birth (**mandatory for Kids**) mm/dd/yyyy: / /
- 2) Age Range (Adults): 18 – 29 30 – 44 45 – 59 60 +
- 3) What best describes your situation? (choose one)
 Student Full-time Job At home
 Part-time / Freelance Retired
- 4) What is your main reason for studying French? (choose one)
 Travel Business Pleasure
 Studies / School Relocating to French speaking country
- 5) Where did you hear about us? (check all that apply)
 New York Times Time Out NY FIAF Events Calendar
 Word of Mouth FIAF Language Center Brochure Web Search

I would like to register for: **Course** **Session**
Day(s) **Time** **Teacher** (if known)

METHOD OF PAYMENT

Check or Money Order:
Credit Card: Visa Master AmEx Card No. Expiration Date: /

I have read and accept the language center policies listed at www.fiaf.org/languagecenter/

Signature