

TEF IRN – 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 student / member

	FIAF Member	FIAF Non-member
All 4 sections	\$350	\$385

I understand there is a \$5.00 administration fee in addition to the exam fee.

PAYMENT METHOD

MasterCard AMEX Visa # _____

Name on card: _____

Exp. Date: __ / ____

CVV: _____

PLEASE EMAIL BOTH REGISTRATION AND PAYMENT FORMS, AND A PHOTOCOPY OF YOUR PASSPORT OR YOUR ID IN PDF FORMAT TO: languagecenter@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 _____

I heard about the TEF IRN from _____

THANK YOU!