

**Registration Form**

<b><u>AFFAIRES</u></b>	<b><u>TOURISME – HOTELLERIE - RESTAURATION</u></b>	<b><u>RELATIONS INTERNATIONALES</u></b>	<b><u>HEALTH</u></b>
<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1	<input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1	<input type="checkbox"/> B1 <input type="checkbox"/> B2 / C1

Date of session

/   /

M M      D D      Y Y Y Y      ← All dates on this form

**CIVIL STATUS (capital letters, one per box)**

Ms.    Mrs.    Mr.

Passport # or State ID #

Last name\*

First name\*

Maternal language\*

Birth date\*

Nationality\*

/   /

M M      D D      Y Y Y Y

CURRENT ADDRESS

Postal code

City

State\*

Country\*\*

Telephone\*\*

Email\*\*

\* Mandatory data on the certificate: Report errors/modifications on the day of the test; NO corrections can be made once the certificate has been produced.

\*\* Mandatory data

**SIGNATURE**

- I have read and accept the conditions of registration and the exam that have been communicated to me.
- I swear to the accuracy of the information provided.

Date:  Signature: