

TEF IRN – Payment information French Institute Alliance Française (to be filled out by each candidate)
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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
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:

vsiraisi@fiaf.org

Mrs. Voahangy Siraisi

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 ANF from _____

THANK YOU!