

TEFAQ – 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:

TEFAQ	FIAF Member	FIAF Non-Member
Compulsory Listening Comprehension and Oral Expression	\$265	\$280
Optional Reading Comprehension	\$75	\$90
Optional Written Expression	\$75	\$90
TOTAL	\$.....	\$.....

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 TEFAQ from _____

THANK YOU!

French Institute Alliance Française 22 East 60th Street New York, NY. 10022

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