

Test de Connaissance du Français (Standard TCF)

Registration Form

Test Date: _____

Information

Last Name: _____

First Name: _____

Address: _____

City, State, Zip (e.g. New York, New York 10022): _____

Home Phone #: _____

Mobile Phone #: _____

Email Address: _____

Title: Mr Ms. Prefer not to say

Date of Birth (e.g. 18 August 1979): _____

Place and Country of Birth: _____

Nationality (only one): _____

Usual Spoken Language (only one): _____

Are you a member of L'Alliance New York? Yes No If yes, member ID: _____

Please select any amount(s) below:

	L'Alliance Members	Non-members
Compulsory Section	\$200	\$215
Optional Oral Expression	\$100	\$115
Optional Written Expression	\$100	\$115
Compulsory Section + Oral + Written	\$350	\$385

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

Payment:

I will pay with: Amex MC Visa

Name on Card _____

Card # _____

CVV: _____ Expiration Date: _____

Amount: _____

Test Fee payment must be made by credit card before the registration deadline. Please email this form to L'Alliance New York Language Center at languagecenter@lallianceny.org

What is your reason for taking this test?

Academic Personal Professional Other

Where did you learn about this test? _____