

Test de Connaissance du Français pour le Canada

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 your exam price:

All 4 sections (Listening/Reading Comprehension, Oral and Written Production):

L'Alliance New York Members: \$350

Non-Members: \$385

Please select why you are taking the test:

Canadian Immigration Canadian Citizenship

Where did you learn about this test? _____

Payment:

I will pay with: Amex MC Visa

Card # _____

CVV: _____ Expiration Date: _____

Amount: _____

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

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