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## REGISTRATION FORM

Session date \_\_\_\_\_

**Last Name/Nom:**

**First Name/Prénom:**

**Address/Adresse :**

**City/Ville :**

**State/Etat :**

**Zip Code/Code Postal :**

**Phone/Téléphone :**

**Cell/Téléphone mobile :**

**Email/Courriel :**

**Gender/Sexe :**    **male/masculin**

**female/féminin**

**Date of Birth/Date de naissance :**    /    /    **MM/DD/YY**

**City and Country of Birth/ Ville et pays de naissance:**

**Nationality/Nationalité :**

**Mother Tongue/Langue maternelle:**

**Do you have any disability/Avez-vous un handicap: Yes/Oui**     **No/Non**

If yes, please email a medical note to [alliance@afphila.com](mailto:alliance@afphila.com).

**Reason(s) for taking the exam, check all that apply/motif d'inscription.**

- Naturalisation
- Carte de résident
- Contrat d'intégration républicaine

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**PAYMENT**

- TCF IRN** \$275.00 (non member)  
 **TCF IRN** \$255.00 (AFP member)

The *attestation de réussite* (diploma) will be sent in a PDF format, via email (no paper copy).

**Payment/Paiement:** \_\_\_\_\_ **USD**  
**CHECK/** Cheque  (Order/Ordre: Alliance Française)  
**VISA**  **MC**  **DISCOVER**  **No.** \_\_\_\_\_  
**Expiration Date/**Date d'expiration: **Month/Mois** \_\_ **Year/année** \_\_ \_\_  
**Security Code/**Code de sécurité :

- I understand that registration fees are non refundable.**

**Date/date:**

**Signature/signature:**

Please fill out and email the form to [alliance@afphila.com](mailto:alliance@afphila.com).

Your registration will be confirmed via email.  
If you do not receive an email confirmation within a week, please contact us at  
[alliance@afphila.com](mailto:alliance@afphila.com) or at 215 735 5283.

Merci !