



**e-tef NAT– Test D'Évaluation de Français
pour l'accès à la Nationalité Française
Alliance Française de San Diego**

Session Date (MM/DD/YYYY): _____

Last Name: _____ First Name: _____

Gender: _____ Native Tongue: _____

Citizenship: _____ Date of Birth (MM/DD/YYYY): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email (please print): _____

	AFSD members	Non-members
Listening Comprehension and Oral Expression	\$215	\$235

Once a registration is submitted, no refund or credit can be made under any circumstances (unless the Alliance Française de San Diego has to cancel the session of tests you are registered for).

I have read and agreed with the e-TEF policies of the Alliance Française de San Diego

Name: _____

Signature: _____ Date: _____

Please send this registration form with your payment to: certifications@afsandiego.org

(payments can be made by credit card or checks made to Alliance Française de San Diego)

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(858)550-0144 www.afsandiego.org
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