e-TEFAQ Registration Form
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): _____

Motivation : ☐ Immigration Quebec ☐ Canadian Citizenship ☐ Other

Sections	AFSD members	Non-members
Compulsory Sections (CO and EO)	$200	$225
Optional Sections* (CE and EE)	$90 ($50 each)	$100 ($55 each)
Complete Test (all sections)	$260	$295

* If registering for an optional section, please indicate: ☐ Written Expression (EE)
☐ Written Comprehension (CE)

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)

Contact information : Corinne Bagnol
Alliance Française de San Diego
6640 Lusk Blvd, Suite 104, San Diego, CA 92121
(858)550-0144 www.afsandiego.org
certifications@afsandiego.org