



Fiche d'inscription TCF

Centre de passation : ALLIANCE FRANÇAISE DE LOS ANGELES

Type of TCF :

Exam date :

TCF-TP (check only one option) :

- (a) TCF-TP compulsory only
- (b) TCF-TP (a) + writing only
- (c) TCF-TP(*) (a) + speaking only
- (d) TCF-TP(*) (a) + writing and speaking

TCF-ANF

TCF-DAP

TCF-Q(*) (you can check more than one option)

- (a) TCF-Q compulsory only
- (b) TCF-Q (a) + writing only
- (c) TCF-Q (a) + reading only
- (d) TCF-Q (a) + writing and reading

(*) If you register for exams marked with (*), please make sure to send us a picture with the following specifications: jpg, jpeg, bmp or png, 300 DPI, 248 x 319 minimum resolution, 4MB max size.

Mr. Ms. Mrs. Nationality :

Last name : Maiden name :

First name :

Mailing Address :

.....

City/State/Zip : Country :

Email address :

Telephone (home) :

Telephone (cell) :

Gender : male female

Date of Birth (MM/DD/YYYY) :

Place of Birth (City, Country) :

Mother Tongue :

Method of payment : check* Mastercard American Express Visa

Credit Card Number :

Expiration date : / Printed name on credit card :

CVV :

**Refund, less a \$50 administration fee, will be issued if cancellation is received prior to the registration deadline.
Any cancellation past the registration deadline will be charged the \$50 administration fee in addition to any
cancellation fee charged by the CIEP.**

Date (MM/DD/YYYY) : Signature :

(*)Check payable to the **Alliance Française de Los Angeles**

Please mail or email to : admin@afdela.org

Alliance Française de Los Angeles, 10390 Santa Monica Blvd, suite 120, Los Angeles, CA 90025

www.afdela.org phone: (310) 652-0306