



# Payment Information

## TEF

(to be filled out by each candidate)

First name: .....

Last name : .....

Session date : .....

- All sections
- QCM (compréhension écrite + compréhension orale + lexique/structure)
- Expression écrite
- Expression orale

Method of payment:

Cash \$.....

Check #..... (payable to the Alliance Française de Dallas)

**Please send this registration form with your payment to:**

*Alliance Française de Dallas, 10830 N. Central Expressway, suite 252, Dallas, TX 75231*

**For more information: tel. (972) 733-0844 / (214) 234-0165**

I understand that should I fail to be present the day of the examination, the fees of the units I have registered for will not be refunded to me.

Examinee's signature \_\_\_\_\_

Parents' signature \_\_\_\_\_ (For minors only)