



Payment Information

TEFAQ

(to be filled out by each candidate)

First name:

Last name :

Session date :

- All sections
- Compréhension orale
- Compréhension écrite
- 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)