

FICHE D'INSCRIPTION DELF

Exam Center : Alliance Française Minneapolis /St Paul

*** Incomplete applications will not be considered.**

I. Exam/Test *:

DELF A1 DELF A2 DELF B1 DELF B2
 DELF **PRO** A1 DELF **PRO** A2 DELF **PRO** B1 DELF **PRO** B2
DELF junior A1 A2 B1 B2

II. Personal Information:

** Check all that applies.*

Mr. Ms. Mrs.

First name: Last name:

Maiden name:

Date of birth (MM/DD/YYYY):

Place of birth (City, Country):

Nationality:

Language(s):

Address:

City/State/Zip: Country:

Telephone (home):

Telephone (cell):

Email address: -----

DELF registration number if already assigned: -----

III. Payment information:

Are you a member of the Alliance Française Minneapolis /St Paul? Yes No

Registration fees / \$:

(Fee information is available on our website at **www.afmsp.org**)

*Please contact our office for payment by Visa or MasterCard.

* Check payable to the **Alliance Française Minneapolis /St Paul**

Please mail, scan or fax to :

Alliance Française de **Alliance Française Minneapolis /St Paul**, DELF Registration, 113
North 1st Street, Minneapolis, MN 55401

Phone: (612) 332-0436, Fax: (612) 332 0438, Email: bonjour@afmsp.org

There will be no refunds, credits for a different test date or reimbursement for absences.

Date:

Signature: