

Registration Form

<p><u>AFFAIRES</u></p> <p><input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1</p>	<p><u>TOURISME – HOTELLERIE - RESTAURATION</u></p> <p><input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2</p>	<p><u>RELATIONS INTERNATIONALES</u></p> <p><input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1</p>	<p><u>HEALTH</u></p> <p><input type="checkbox"/> B1 <input type="checkbox"/> B2 / C1</p>
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Date of session test MM / DD / YYYY	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Nonbinary. Last name	Passport # or State ID #
First name	
Maternal language	Nationality
Birth date MM / DD / YYYY	
Current Address	
Postal code	City
Telephone	Email

SIGNATURE

- ✓ I have read and accept the conditions of registration to the exam that have been communicated to me on the Alliance Française de Détroit website.
- ✓ I swear to the accuracy of the information provided.

Date:

Signature: