

**Registration Form**

<b>AFFAIRES</b> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1	<b>TOURISME – HOTELLERIE - RESTAURATION</b> <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2	<b>RELATIONS INTERNATIONALES</b> <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1	<b>HEALTH</b> <input type="checkbox"/> B1 <input type="checkbox"/> B2 / C1
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Date of session

/   /      
 M M / D D / Y Y Y Y ← All dates on this form

CIVIL STATUS (capital letters, one per box)

Ms.  Mrs.  Mr.

Passport # or State ID #

Last name\*

First name\*

Maternal language\*

Birth date\*

Nationality\*

/   /      
 M M / D D / Y Y Y Y

CURRENT ADDRESS

Postal code

City

State\*

Country\*\*

Telephone\*\*

Email\*\*

\* Mandatory data on the certificate: Report errors/modifications on the day of the test; NO corrections can be made once the certificate has been produced.

\*\* Mandatory data

SIGNATURE

- I have read and accept the conditions of registration and the exam that have been communicated to me.
- I swear to the accuracy of the information provided.

Date:  Signature: