

**ALLIANCE FRANCAISE
DE BRISBANE**

REGISTRATION

Mr Mrs Miss

SURNAME: _____ NAME: _____

OCCUPATION: _____

ADDRESS: _____

CONTACT NUMBERS: _____ EMAIL _____

NATIONALITY 1ST

_____ 2nd _____

DATE OF BIRTH : _____ CITY _____ COUNTRY _____

WHERE DID YOU HEAR ABOUT DELF/DALF?

WHAT IS YOUR PURPOSE? CERTIFICATION WORK STUDY IN FRANCE OTHER

IF YOU HAVE ALREADY PASSED UNITS OF DELF OR DALF, PLEASE FILL IN THIS SECTION

REGISTRATION NUMBER: _____

UNITS PASSED: A1 A2 A3 A4 A5 A6 B1 B2 B3 B4

OR (new version) A1 A2 B1 B2 C1 C2

WHICH YEAR ? _____ WHICH COUNTRY ? _____

I WOULD LIKE TO SIT FOR :

<u>DELF DALF</u>	A1 <input type="checkbox"/>	A2 <input type="checkbox"/>	<u>DELF JUNIOR</u>	A1 <input type="checkbox"/>	A2 <input type="checkbox"/>
	B1 <input type="checkbox"/>	B2 <input type="checkbox"/>		B1 <input type="checkbox"/>	B2 <input type="checkbox"/>
	C1* <input type="checkbox"/>	C2* <input type="checkbox"/>	<u>DELF PRIM</u>	A1.1 <input type="checkbox"/>	A1 <input type="checkbox"/> A2 <input type="checkbox"/>

*specialisation en C1 et C2 : lettres & sciences humaines sciences

\$ 100 for units A1/A2
\$120 for units B1/B2
\$150 for units C1/C2
\$80 for juniors session
\$50 for DELF prim

DATE & SIGNATURE:
Registration number: _____
Receipt no _____ amount _____