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## REGISTRATION FORM

Session \_\_\_\_\_

**Last Name/Nom:**

**First Name/Prénom:**

**Address/Adresse :**

**City/Ville :**

**State/Etat :**

**Zip Code/Code Postal :**

**Phone/Téléphone :**

**Cell/Téléphone mobile :**

**Email/Courriel :**

**Gender/Sexe :** male/homme

female/femme

**Date of Birth/Date de naissance :** / / **MM/DD/YY MM/JJ/AA**

**City and Country of Birth/ Ville et pays de naissance:**

**Nationality/Nationalité :**

**Mother Tongue/Langue maternelle:**

**Do you have any disability/Avez-vous un handicap: Yes/Oui  No/Non**

If yes, please email a medical note to [alliance@afphila.com](mailto:alliance@afphila.com).

**Are you a member of/Êtes-vous membre de l'AF de Philadelphie?**

**Yes/Oui  No/Non**

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## PAYMENT

- TCF Canada** \$360.00 (non member)  
 **TCF Canada** \$340.00 (AFP member)

**Payment/Paiement :** \_\_\_\_\_ **USD**

**CHECK/ Cheque**  (Order/Ordre : Alliance Française)

**VISA**  **MC**  **DISCOVER**  **No.** \_\_\_\_\_

**Expiration Date/Date d'expiration:** **Month/Mois** \_\_ **Year/année** \_\_

**Security Code/Code de sécurité :**

- I understand that registration fees are non refundable.**

**Date/date:**

**Signature/signature:**

Please fill out and email the form to [alliance@afphila.com](mailto:alliance@afphila.com).

Your registration will be confirmed via email.

**If you do not receive an email confirmation within a week, please contact us at [alliance@afphila.com](mailto:alliance@afphila.com) or at 215 735 5283.**

Merci !