

**DEL F /DALF INFORMATION SESSIONS
ENROLMENT FORM**

Examination date: *Saturday October 28 2017*



Given Name(s): _____ Surname: _____

E-mail: _____

Phone Number: (Home) _____ / (Work) _____ / (Mobile) _____

ENROLMENT & PAYMENT

Please select what DELF/DALF exam you wish to sit:

DEL F A1	
DEL F A2	

DEL F B1	
DEL F B2	

DAL F C1	
DAL F C2	

Please select which information session(s) you would like to enrol in:

Session 1 (S1) Expression écrite (Writing)	Monday 16 October	6-8pm Venue to be confirmed	\$50	
Session 2 (S2) Expression orale (Speaking)	Saturday 21 October	2-4pm Venue to be confirmed	\$50	
Session 3 (S3) General	Monday 23 October	6-8pm Venue to be confirmed	\$50	
TOTAL				

Please make payment to: **Alliance Française Dunedin: 03-09030389432-00**

Please indicate your NAME and DELF PREP – plus session(s) you are paying for: S1, S2, S3

Please contact Marine Brienne for information and venue details:

briannemarine@gmail.com / 021 130 9484