

REGISTRATION FORM

Complete and return to Alliance Française de Toulouse
 Building Maison des Associations – 3 bis place Guy Hersant, 31400 Toulouse,
 with the payment of one course session + registration fees + **a copy of your identity card**

SURNAME:

FIRSTNAME:

Date of birth: M F

Nationality:

Address:

.....

Telephone:

Email:

Are you: an employee a student other :

If you are an employee, for which company (optional):

CHOSEN OPTION

Intensive courses

Evening courses

Afternoon courses

Other :

EMERGENCY CONTACT

Contact person

Phone number

I want to register at the Alliance Française de Toulouse:

From *to*

FINANCING

If you are requesting funding from France Travail, please note your benefit number:

If you are requesting funding from your company, please note the contact details of the person to whom the estimate/invoice should be sent:

Surname, first name:

Email:

Telephone number:

I have read and understood the general terms and conditions of use and internal regulations. I accept them without restriction.

I would like to receive the AF newsletter and information by email.

Date:

Signature: