



## REGISTRATION FORM

Please complete and return via fax 248 538 5433 or mail to 7100 Lindenmere Dr, Bloomfield Hills MI 48301.  
Please make checks payable to: French Institute of Michigan.

### Check the schedule for the class dates and time and the tuition fees.

DATE:.....

LAST NAME (please print):..... First Name (Please Print):.....

ADDRESS:.....

CITY:..... STATE: ..... ZIP: .....

HOME PHONE:..... CELL PHONE:.....

EMAIL: .....

Where did you hear about the Alliance Française?

.....

I would like to register for:

Course: ..... Day:..... Time:.....

Tuition: \$.....

Registration fee: \$ ..... (\$25.00 due once a school year (july 1<sup>st</sup> to june 30<sup>th</sup>) at first registration)

Optional donation: \$.....

### METHOD OF PAYMENT:

Check or money order:

Credit Card : Visa  Master Card:  Discovery:

Card number:..... Exp date:.....

Name & Billing address if different than above: .....

I have read and accept the language center policies listed at [www.frenchinstitute.org](http://www.frenchinstitute.org)

Signature: .....