



SOCIETÀ DANTE ALIGHIERI
COMITATO DI VANCOUVER

Registration Form PLIDA CERTIFICATION TEST

Full name:
Permanent address: <i>please provide an address where you can be reached for the next 6 months</i>
E-mail address:
Telephone number:
Date of birth:
Place of birth:
Exam you wish to register for and date:
<input type="checkbox"/> PLIDA A1 - date _____
<input type="checkbox"/> PLIDA A2 - date _____
<input type="checkbox"/> PLIDA B1 - date _____
<input type="checkbox"/> PLIDA B2 - date _____
<input type="checkbox"/> PLIDA C1 - date _____
<input type="checkbox"/> PLIDA C2 - date _____

Date: _____

Signature: _____

Please complete this form and e-mail it as an attachment to info@dantesocietybc.ca together with a copy of your passport.

Please make your payment via *Interac e-Transfer*® to the account info@dantesocietybc.ca

Exam Fee Refund Policy: Please be advised that registration fees cannot be refunded, but only used for the next session of PLIDA exams.