



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 _____
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<input type="checkbox"/> PLIDA C2 - date _____

Date: _____

Signature: _____

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