



DANTE ALIGHIERI SOCIETY OF WASHINGTON

PLIDA Certificate Registration Form

Please, complete this form, sign it and email it as an attachment to plida@danteseattle.org or send it by mail to: Dante Alighieri Society of WA – PLIDA • P.O. Box 16257 • Seattle WA 98116

Session of _____

(please write month and year of exam. Ex. November 2013)

Level _____ Amount enclosed \$ _____

(please write appropriate level. Ex. A1)

Please print this form and fill it out in capital letters.

First name _____

Last name _____

Date of birth (mm/dd/yy) ____/____/____ Place of birth _____

Address (please provide an address where you can be reached for the next 6 months)

Street and house number _____ **Apt number** _____

City _____ **State** _____ **Zip code** _____

Phone number _____

E-mail address _____

Date and Signature

____/____/____

Payment: Please make cheques payable to Dante Alighieri Society of WA – PLIDA

Exam Fee Refund Policy: Exam refunds will be provided only until the close of registration for the exam.