

Goethe-Zentrum /German Cultural Center Atlanta
Colony Square, Plaza Level
1197 Peachtree Street NE Atlanta,
GA 30361-2401
Phone: (404) 892-2388 Fax: (404) 875-0475
language@german-institute.org www.goethe.de/atlanta



*** Registration Deadline: minimum 4 weeks before testing day ***

EXAMINATION REGISTRATION

Name: _____
Street: _____
City & State: _____ Zip Code: _____
Phone: _____ E-Mail: _____
Date of Birth (Month/Day/Year): _____
Place of Birth: _____
Citizen of: _____

Are you a member of the Goethe-Zentrum Atlanta?

I am registering for the following exam:

YES NO Member Number: _____

A1: \$200.00 (members); **\$240.00** (non-members)
Start
Deutsch 1

Date: _____

Time: _____

B2 \$280.00 (members); **\$320.00** (non-members)

Date: _____

Time: _____

A2: \$210.00 (members); **\$250.00** (non-members)
Start
Deutsch 2

Date: _____

Time: _____

C1 \$300.00 (members); **\$350.00** (non-members)

Date: _____

Time: _____

B1 \$260.00 (members); **\$300.00** (non-members)

Date: _____

Time: _____

C2 \$400.00 (members); **\$450.00** (non-members)

Date: _____

Time: _____

I am enclosing **cash** or a **check** (made out to *Friends of Goethe, Inc.*) in the amount of \$ _____

I am paying by **Credit Card** (Visa / MasterCard only)

Credit Card # _____ Exp. Date: _____

Date: _____ Signature: _____