



CILS Exam Registration Form West Caldwell, New Jersey USA

1. Please print clearly. All spaces must be completed.

2. Indicate form of payment. Please contact us for exam fees.

Check (*Payable to The Language Institute, mailing address below.*)

Credit Card (*You will receive an electronic invoice to be paid online.*)

3. Please attach a clean copy of a photo ID. Must present the original the day of the exam.

Title: Mr. Mrs. Miss Ms.

Name: _____
Last name First name Middle name

Address: _____
Number Street City State Zip Code

E-mail address: _____

Phone number: _____ Date of Birth: _____
MM/DD/YYYY

Place of Birth: _____ Citizenship: _____
City/ State or Region/ Country

Exam Date: _____ Level: B1 Citizenship A1 A2 B1 B2 C1 C2
MM/DD/YYYY

Have you taken the CILS exam previously? No Yes Date: _____
MM/DD/YYYY

Level: _____ Location: _____

Signature _____ Date _____
MM/DD/YYYY

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