



2007–08 TOEFL® Internet-based Test (iBT) Registration Form

Register online at www.ets.org/toefl. It's fast and easy!

This form can be downloaded at www.ets.org/toefl.

If paying by electronic check (e-check), **DO NOT** complete this form. Register online at www.ets.org/toefl, call 1-443-751-4826 or 1-800-GO-TOEFL (within the United States, U.S. Territories,* or Canada), or call the Regional Registration Center (RRC) that services the country where you plan to test. See the *Bulletin for Internet-based Testing* for RRC contact information.

Completing this form and submitting payment will register you for the TOEFL iBT test. All information requested must be complete or your form will be returned. This form must be received at ETS at least four weeks before your earliest test date choice.

Note: Be sure to complete all four pages, and staple the completed form before mailing.

- Print all information clearly. Be sure to enter your name exactly as it is shown on your primary identification document.
- Use black ink.
- **If you are testing outside the United States, U.S. Territories,* and Canada,** mail the completed form and payment to the RRC that services the country where you plan to test. See the *Bulletin for Internet-based Testing* for the RRC addresses.
- **If testing in the United States, U.S. Territories,* and Canada,** mail the completed registration form and payment to:

**ETS-TOEFL iBT Registration Office
PO Box 6152
Princeton, NJ 08541-6152 USA**

- **Test takers requesting testing accommodations:** You must complete and submit this form. To get further information about requesting testing accommodations, use one of the communication methods listed on page 5 of this *Bulletin* or go to www.ets.org/disability.

* American Samoa, Guam, Puerto Rico, and U.S. Virgin Islands

If you have previously taken an ETS iBT-delivered test, please indicate your name, test date, date of birth, and registration number below.

Name: _____ Test Date: _____

Date of Birth: _____ Registration Number: _____



TEST LOCATION

Choose two test locations in order of preference. Enter the city code and print the city name and country name for each choice. For locations and city codes, see the Test Center and Institution Code list in the Learners and Test Takers section of the TOEFL Web site at www.ets.org/toefl.

* First Choice City Code:

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 City Name: _____
Country Name: _____

* Second Choice City Code:

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 City Name: _____
Country Name: _____

TEST DATE

Specify five test dates in order of preference. For testing dates, see the Learners and Test Takers section of the TOEFL Web site at www.ets.org/toefl. Please note that start times will vary and may be anywhere between 8 a.m. and 7 p.m. This form must be received at ETS at least four weeks before your earliest test date choice.

MM: Month of the Year DD: Day of the Month YY: Year

* First Choice:

MM	DD	YY

 Third Choice:

MM	DD	YY

 Fifth Choice:

MM	DD	YY

Second Choice:

MM	DD	YY

 Fourth Choice:

MM	DD	YY

If your requested test date(s) cannot be accommodated, you will be scheduled for the next available test date unless you check the box below.

Do not reschedule me, please return my payment.

SCORE REPORT RECIPIENTS

Using the Test Center and Institution Code list in the Learners and Test Takers section of the TOEFL Web site at www.ets.org/toefl, indicate where you would like your score reports sent. The Department Code list is also in the *Bulletin*. Enter a department code only if you are applying for graduate study. If you are not applying for graduate study, you must fill in 00 as the department code for each institution or agency you list.

<p>1. Score Report Recipient: <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center; font-size: small;">Institution</td></tr><tr><td style="border: 1px solid black; width: 40px; height: 20px;"></td></tr></table> <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center; font-size: small;">Department</td></tr><tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr></table></p>	Institution		Department		<p>3. Score Report Recipient: <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center; font-size: small;">Institution</td></tr><tr><td style="border: 1px solid black; width: 40px; height: 20px;"></td></tr></table> <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center; font-size: small;">Department</td></tr><tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr></table></p>	Institution		Department	
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TEST FEES

The TOEFL iBT test fee varies by country. To find out what the fee is in your testing location, go to the Learners and Test Takers section of the TOEFL Web site, select "Register for the Test," and choose your test location. Information about payment policies is in the *Bulletin for Internet-based Testing*. Fees are subject to change without notice.

TOEFL iBT test fee \$ _____

In Canada, add GST/HST and QST to total remittance.

GST/HST Reg. #131414468 RT \$ _____

QST Reg. #1087967545 \$ _____

Add Value Added or similar taxes where applicable * \$ _____

TOTAL AMOUNT DUE (DO NOT SEND CASH) \$ _____

*See "Fees" in the Learners and Test Takers section of the TOEFL Web site for information about taxes.

PAYMENT (Information about payment policies is in the *Bulletin for TOEFL Internet-based testing*.)

Payment type: (check one) Credit/Debit Card* Check Euro Check Money Order

*Indicate which credit/debit card is being used and enter your credit/debit card number and expiration date. Note: Any debit/check card branded with one of the five accepted credit card logos can be processed.

American Express® Discover® JCB® MasterCard® VISA®

Credit/Debit Card Number

Expiration Date

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Month

Year

For all checks drawn on a U.S. bank, be aware that you are authorizing ETS at its discretion to use the information on your check to make a one-time electronic debit from your account for the amount of your check; no additional amount will be added. If you do not have sufficient funds in your account, an additional service fee of US\$20 will be added to your account. All outstanding balances incurred from prior ETS tests and/or services must be paid in full in order to register for any future ETS test or service.

Please write, DO NOT PRINT, the following statement and sign your name.

I hereby agree to the conditions set forth in the 2007–08 *Information and Registration Bulletin* for TOEFL iBT, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

Signature: _____ Date: _____

Thank you for registering to take the TOEFL iBT. If you have provided an e-mail address, confirmation of this registration will be sent to your e-mail address. If you have not provided an e-mail address, confirmation will be sent via the postal service. Do NOT send your registration form more than once. This will help avoid extra processing by TOEFL Services and unnecessary charges to you.