



2012 Public TOEIC Application

Test Dates

Friday 20th January 2012
Friday 16th March 2012
Friday 11th May 2012
Friday 6th July 2012

Friday 31st August 2012
Friday 26th October 2012
Friday 14th December 2012

Chosen test date

Candidate Information

Family Name: _____

Given Names: _____

Gender: M F

Date of Birth: _____

Passport no.: _____

Postal Address: _____

Mobile No: _____

Email Address: _____

TOEIC Test fees:

- Test Fees: Listening & Reading \$ 180.00
inc: 1 x official score report with photo
- Certificate (at time of testing) \$ 30.00
- Extra Official Score Report (with photo) \$ 45.00
- Postage Registered Post (optional) \$ 5.00
(please confirm at the time of enrolment)

Total Payment:

Conditions of Registration

1. Your registration is accepted only after the test fee has been paid.
2. Application, including payment must be received in full two weeks before the test
3. If you wish to change your test date, 2 weeks notice must be given in writing or you will forfeit all fees.
4. Rescheduled tests must be within 12 month of payment. Refunds are not available after 12months. Additional fees may be required.
5. Late examinees will not be admitted into the test and will not receive refunds or postponed tests.
6. Cancellations 14 days or more prior to the test will incur a 20% administration charge.
7. Cancellations less than 14 days prior or after the day of the test, no refund will be given.
8. Examinees MUST present official photo identification (passport) on the test day or they will not be allowed to take the test.
9. Examinees MUST provide a passport size photo of themselves.

Payment/ Card Detail

Card Type (please circle)	Visa / Mastercard / AMEX																
Name on Card	_____																
Card Number (16 digits)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
Expiry Date (mm/yy)	_____ Security code (CVN): _____																
Signature:	_____																

OFFICE USE ONLY

Date Received: _____
2/277 Flinders Lane, Melbourne, 3000

Payment Received (03) 9650 4080 (ph) (03) 9650 8030 (fax)

Receipt Number _____
melbourne@performanceenglish.com.au