2018 - 2020 TOEFL ITP ® REGISTRATION FORM

This form can be easily downloaded at www.pattanaphrat.com

Download registration form at www.pattanaphrat.com, or call 662 5175938, 662 1022936, 66 916989166, 66 971325365 (Thailand), or send inquiries to pattanaphrat@hotmail.com for more information.

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

Note: Be sure to complete all four pages.

- Print all information clearly. Be sure to enter your name exactly as it is shown on your primary identification document.
- Use black or blue ink.
- **Test takers requesting testing accommodations:** You must complete and submit this form to the Test Center. To get further information about requesting testing accommodations go to www.pattanaphrat.com.

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If you have previously taken an **TOEFL ITP** 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 test locations in order of preference. Print the city name and country name for each choice.

- **First Choice Test Center:** PATTANAPHRAT TEST CENTER
- **City Name:** Bangkok
- **Country Name:** Thailand

_____

TEST DATE

Specify three test dates in order of preference. For testing dates, see the Test Takers section of the **TOEFL ITP** Testing Center website at www.pattanaphrat.com. Please note that testing start times vary. This form must be received at least four weeks before your earliest test date choice.

MM: Month of the Year	DD: Day of the Month	YY: Year
1. First Choice	....	(MM/DD/YY)
2. Second Choice	....	(MM/DD/YY)
3. Third 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.

2018 - 2020 TOEFL ITP ® Registration Form (continued)

All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (*).

*Last (Family/Surname) Name (as on photo ID):

*First (Given) Name (as on photo ID):

Middle Name or Middle Initial (as on photo ID):

Address Line 1:

Address Line 2:

Address Line 3:

Address Line 4:

*City/Province:

*ZIP or Postal Code: ***Gender**   *** Date of Birth:**

| Male | Female |

(Month/Day/Year)

Identification Document to be presented on test day: _____

(Please note that: IF YOU FORGET TO BRING YOUR ID CARD OR PASSPORT OR ANY DOCUMENTATION TO IDENTIFY YOURSELF, YOU AREN'T PERMITTED TO TAKE THE TEST FOR ALL REASONS.)

Number on Identification Document:

Country Listed on Identification Document:

*Primary Phone Number (include area code, country code, or city code):

Secondary Phone Number (include area code, country code, or city code):

*Email Address: