



2005–06
TOEFL Internet-based Test (iBT) REGISTRATION FORM

STOP: 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 credit card, **DO NOT** complete this form. Register online at www.ets.org/toefl, call 1-800-GO-TOEFL (within the U.S., 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 the RRC contact information.

Completing this form and submitting payment will register you for TOEFL Internet-based testing. All information requested must be complete or your form will be returned. This form must be received at ETS or your RRC at least four weeks before your requested first-choice test date.

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 U.S., 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 U.S., U.S. Territories*, and Canada,** mail the completed form and payment to:
ETS-TOEFL iBT Registration Office
PO Box 6152
Princeton, NJ 08541-6152 USA
- **Test Takers with Disabilities:** Complete and submit this form. Payment information is on page 7 of the *Bulletin* for Internet-based testing. For other information, use one of the communication methods listed on page 5 of the *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 test center codes and locations, see the iBT Test Location List on the TOEFL Web site at www.ets.org/toefl or the *Information and Registration Bulletin* for Internet-based testing.

* First Choice City Code: City Name: _____
 Country Name: _____

* Second Choice City Code: City Name: _____
 Country Name: _____

TEST DATE

Specify five test dates in order of preference. For testing dates and locations, see the Test Location List on the TOEFL Web site at www.ets.org/toefl or the *Information and Registration Bulletin* for Internet-based testing. 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 requested first-choice test date.

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

* First Choice: Third Choice: Fifth Choice:
 Second Choice: Fourth Choice:

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 Institution and Department Code lists on 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.

1. Score Report Recipient:	Institution <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Department <input type="text"/> <input type="text"/>	3. Score Report Recipient:	Institution <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Department <input type="text"/> <input type="text"/>
2. Score Report Recipient:	Institution <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Department <input type="text"/> <input type="text"/>	4. Score Report Recipient:	Institution <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Department <input type="text"/> <input type="text"/>

TEST FEES

Information about payment policies is in the *Bulletin* for Internet-based testing. Fees are subject to change without notice.

TOEFL iBT test \$ **US140**

Add taxes where applicable \$ _____

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

GST/HST Reg. #131414468 RT \$ _____

QST Reg. #1087967545 \$ _____

TOTAL AMOUNT OF CHECK OR MONEY ORDER ENCLOSED \$ _____

DO NOT SEND CASH. There is a US\$20 fee for returned checks.

For all checks drawn on a U.S. bank account, 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 debited electronically from your account.

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

I hereby agree to the conditions set forth in the 2005–06 *Information and Registration Bulletin* for Internet-based testing related to the test administration, fee payments, score reporting, and the confidentiality of test questions. I certify that I am the person who will take the test 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.