

# PACIFIC GATEWAY™

INTERNATIONAL COLLEGE

BRISBANE CAMPUS



LEVEL 1, 232 ADELAIDE STREET, BRISBANE, QUEENSLAND, 4000  
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## PUBLIC TOEIC APPLICATION

→ Applications, including payment, must be received two weeks before the test.

### TEST DATES

- Saturday, 25 October 2008
- Saturday, 13 December 2008
- Friday, 23 January 2009
- Friday, 20 February 2009
- Friday, 20 March 2009
- Friday, 17 April 2009
- Friday, 15 May 2009
- Friday, 12 June 2009
- Friday, 10 July 2009
- Friday, 7 August 2009
- Friday, 4 September 2009
- Friday, 2 October 2009
- Friday, 30 October 2009
- Friday, 27 November 2009
- Friday, 18 December 2009

### TEST DATE SELECTION

- Test date must match a date from the list on this page -

### PROGRAM COSTS

	I will pick up my certificate at Pacific Gateway	MAIL my certificate to the address below
<input type="checkbox"/> TEST FEE (incl. 1x report & certificate)	\$ 160.00	\$ 160.00
<input type="checkbox"/> Extra TOEIC Certificate	\$ 45.00	\$ 45.00
<input type="checkbox"/> Extra Score Report	\$ 15.00	\$ 15.00
<input type="checkbox"/> Postage (Registered Post-subject to change)		\$ 5 / \$19 DOM / INT
<b>TOTAL PAYMENT</b> (Australian Dollars)	\$ <input type="text"/>	\$ <input type="text"/>

### Conditions of Registration

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

### Office Staff Only:

Time 9 AM  2:30PM   
(for 2008) (from 2009)

Payment Yes  No

Receipt Number

### PERSONAL INFORMATION

Family Name

Given Names

Date of Birth d/m/y  /  /  Sex: F  M

Mailing Address

Telephone

E-Mail

### AGREEMENT

All information given on this application is correct and complete.  
I accept the conditions of registration described on this page.

/  /

\_\_\_\_\_  
signature

\_\_\_\_\_  
date (dd / mm / yy)