

## CENTRE REGISTRATION FORM 2007

Centre Name	
	FOR OFFICE USE ONLY – IOLET CENTRE No.
Address	
Telephone No.	
Fax No.	
E-mail Address	
<b><u>Contact Information</u></b>	
Surname	
First Name	
Title	
Position	
Direct Telephone No.	
E-mail address	
DO YOU REQUIRE ADDITIONAL INFORMATION / LITERATURE?	

HEAD OF LANGUAGES/  
PRINCIPAL LANGUAGE TUTOR

**FUTURE EXAMINATION DETAILS EXAMINATION ENTRY DETAILS**

EXAMINATION TITLE	LANGUAGES (if known)	No OF CANDIDATES (if know)

DO YOU RECEIVE ENQUIRIES FROM CANDIDATES FOR LANGUAGES NOT OFFERED AT THE MOMENT?  
PLEASE LIST LANGUAGES.

GIVE DETAILS OF FACILITIES AVAILABLE

FOR WHICH OTHER EXAMINATION BOARDS  
ARE YOU A CENTRE?

PLEASE RETURN THE COMPLETED CENTRE REGISTRATION FORM  
TO;

EXAMS ADMINISTRATION CONTROLLER  
IoL EDUCATIONAL TRUST  
SAXON HOUSE  
48, SOUTHWARK STREET  
LONDON  
SE1 1UN

**PLEASE PROVIDE A PURCHASE  
ORDER NUMBER or CHEQUE  
made payable to IoL Educational  
Trust**

SIGNED

DATE