

Examination Services IELTS Workshop Registration Form

Name	
•	
Date of Workshop	
•	
Date of Took (if applicable)	
Date of Test (if applicable)	
Module	
Destination Country	
Address .	
Address	
Contact Number	
•	
Email	
Do you have any diet	
restrictions?	
If yes, please specify.	
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Signature	
•	
FOR BRITISH COUNCIL USE	ONLY
Fee	
Date of Payment	
OR Number	
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