

*Education NW Resources*

9429 N Newport Hwy  
Spokane, WA 99218  
(509) 323-4950  
www.tutoringspokane.com

**CAT/5 Group Test Registration Form 2014**

Date: \_\_\_\_\_

Parent(s) / Guardian(s): First Name(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Test: \_\_\_/\_\_\_/\_\_\_

**Children Registering for Test:**

Name (First and Last):	Birthdate:	Grade:	Test:	Core/ Full Battery	Skill Gap Analysis?*** (Yes / No)
_____	___/___/___	_____	CAT-5	_____	_____
_____	___/___/___	_____	CAT-5	_____	_____
_____	___/___/___	_____	CAT-5	_____	_____
_____	___/___/___	_____	CAT-5	_____	_____
_____	___/___/___	_____	CAT-5	_____	_____

**CAT-5 Pricing:**

**Group Testing** (of 3 or more): **Core Battery: \$ 45 each\*\* Full Battery: \$ 60 each\*\***  
 (\*\*optional: additional \$10 charge for skill gap analysis for each test. The skill gap analysis will indicate areas of concern for each section (i.e. synonyms, words in context, fractions, etc.))

Name on Credit Card (Please Print): \_\_\_\_\_

Type of Credit Card (MC, Visa, or Discover only): \_\_\_\_\_ Exp. Date: \_\_\_ / \_\_\_

Credit Card #: \_\_\_\_\_ 3 Digit Security Code (on back): \_\_\_\_\_

Signature: \_\_\_\_\_

Please enclose check\* or fill out credit card authorization with your test registration form to:

*Education NW Resources* 9429 N Newport Hwy Spokane, WA 99218

(\* \$25 Bank charge will apply for returned checks)