



ORDER FORM – PAPER BASED TESTING

School Name:

Street Address:

Suburb/Town: State: Postcode:

Country:

Contact Name:

Position:

Email Address:

Phone Number:

Date of Order: Proposed Test Date:

Year Level:	Quantity:

Purpose for which the school is going to use the test:

Yes, I am authorised by my school/agency to order the **Abstract Reasoning Test** as indicated and my school/agency accepts that it will be invoiced according to the prices listed on the ACER website.

Signed: Date:

FAX ORDER FORM TO: (03) 9277 5757
EMAIL: art@acer.edu.au

ATTN: SUSANNAH GOOD

Thank you for your order