# Canadian Test Centre Order Request form (for CAT4, CAT3, Insight, CTCS, CELT, CAST)

**Bill To:**

School name:
Attn:
Address:
City/Prov:
Postal code: Tel:
Fax:
Email:

**Ship To: (if different from "Bill To" address)**

School name:
Attn:
Address:
City/Prov:
Postal code: Tel:
Fax:
Email:

Date:

P.O.#

Date Required by: _____

**Shipping Instructions**

- ○ Expedited Parcel (cheapest)
- ○ Courier, to arrive before _____ (date (dd-mmm-yyyy))

| Qty | CAT4 Product/Description |
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| Qty | CAT3 Product/Description |
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| Qty | Insight Product/Description |
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| Qty | CTCS Product/Description |
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| Qty | CELT Product/Description |
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| Qty | CAST Product/Description |
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CANADIAN TEST CENTRE
Educational Assessment Services

**Canadian Test Centre**
80 Citizen Court
Suite 10
Markham, ON L6G 1A7

[T] 1.800.668.1006
[P] 905.513.6636
[F] 905.513.6639
www.canadiantestcentre.com


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