

  **Registration Form**

|  |  |
| --- | --- |
| First Name: |  |
|  |  |
| Middle Name: |  |
|  |  |
| Last Name: |  |
|  |  |
| Personal No.  |  |
|  |  |
| Gender: | [ ]  Male [ ]  Female |
|  |  |
| Address Line 1: |  |
|  |  |
| Address Line 2: |  |
|  |  |
| Town: |  |
|  |  |
| Country: |  |
|  |  |
| Post Code: |  |
|  |  |
| Email: |  |
|  |  |
| Phone: |  |
|  |  |
| Preferable date of test(not earlier than 3 working days) |  |

|  |  |
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|  |
|  |
| **Placement Test + Speaking**  | [ ]  48,75 Eur |

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Account No. for payment: LT04 7044 0600 0284 8625

Receiving Institution: Vytautas Magnus University

Reason of payment: For Pearson Placement Test