



MALLY A.C.T. WORKSHOP - REGISTRATION FORM

<http://www.mallyact.com>

(248) 78-TUTOR

STUDENT INFORMATION

Name _____	Address _____	City/ZIP _____
Home Phone _____	Cell Phone _____	Valid E-Mail Address _____
School _____	Grade _____	PLAN/Most Recent ACT Score _____
Are you entitled to special accommodations for this test (ie: 504 plan)? If so, what? _____		
Desired College Universities: _____		

PARENT/GUARDIAN CONTACT INFORMATION

Name _____	Address _____	City/ZIP _____
Home Phone _____	Cell Phone _____	Valid E-Mail Address _____

WORKSHOP DATE

Please check the workshop you wish to attend:	All workshops will take place at the following location:
<input type="checkbox"/> Sunday, September 17, 2006, 10:00am-1:00pm	Comfort Inn
<input type="checkbox"/> Wednesday, November 1, 2006, 6:00pm-9:00pm	30715 W. Twelve Mile Rd.
<input type="checkbox"/> Sunday, January 10, 2007, 12:00pm-3:00pm	Farmington Hills, MI 48334
<input type="checkbox"/> Sunday, March 4, 2007, 12:00pm-3:00pm	(248) 471-9220
<input type="checkbox"/> Sunday, April 29, 2007, 12:00pm-3:00pm	

How did you find out about Mally A.C.T. and our workshops?				
Circle all that apply:	Brochure	Internet	School	Post Card
Friend. Who? _____		Other _____		

Please make checks payable to: Mally A.C.T.	
Send registration form and check to:	
Mally A.C.T. Workshops	
6400 Farmington Road Suite 222	
West Bloomfield, MI 48322	

(FOR OFFICE USE ONLY)

Fees: \$199 Cash Check # _____ Credit Auth # _____ Received by: _____