



TestDEN Partner Application Form

Company Information	
Business Name:	
Address:	
City:	Province/State:
Postal/Zip Code:	Country:
Phone:	E-mail:
Contact Information	
Name:	
Position at Company:	
Phone:	E-mail:
School/Organization Details	
Year Established:	
Number of Teachers:	Annual Number of Students:
High-speed Internet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Computers:
Offered Courses: <i>(Check those that apply)</i>	<input type="checkbox"/> TOEFL Prep <input type="checkbox"/> IELTS Prep <input type="checkbox"/> Accent Reduction <input type="checkbox"/> TOEIC Prep <input type="checkbox"/> Cambridge Prep <input type="checkbox"/> General English <input type="checkbox"/> TESOL <input type="checkbox"/> Other(s): _____
Do you currently use an e-learning system? If so, please describe?	
Which TestDEN Product(s) are you interested in? <i>(Check those that apply)</i>	<input type="checkbox"/> TOEFL Practice <input type="checkbox"/> TOEFL Testing <input type="checkbox"/> Accent Reduction <input type="checkbox"/> TOEIC Practice <input type="checkbox"/> TOEIC Testing <input type="checkbox"/> Placement Testing <input type="checkbox"/> Custom Courses
Comments:	

Name (Please Print): _____

Title: _____

Signature: _____

Date: _____

Fax completed Partnership Application Forms to TestDEN at +1(604)270-3657
Please e-mail a high-resolution image of your school/organization logo to comment@testden.com