

REGISTRATION

Crimson Review, Inc.
24 Louella Court, Suite 10
Wayne PA 19087
Phone: 610-688-6441
Fax: 610-688-3370
E-mail: crimsonreview@mac.com
Web site: www.crimsonreview.com

Registration Information

Student:

Address: _____

City: _____

State: _____

ZIP: _____

Home phone: _____

Student's Email (optional): _____

School: _____

Grade as of Sept. 2011 10th 11th 12th

Name of parent(s):

Daytime phone: _____

Parent email: _____

Enrolling in course beginning March 17 April 28 June 25 July 30

Scoring history: PSAT: Math: _____ Critical Reading: _____ Writing: _____ Can't remember Have not taken

SAT: Math: _____ Critical Reading: _____ Writing: _____ Can't remember Have not taken

Is the student eligible to take the exam with **Extended Time**? Yes No Don't know

I would like to reserve a time for the first one-on-one class. (One hour long.)

First choice: Date: _____ Time: _____

Second choice: Date: _____ Time: _____

I will make my choice later.

Signature of a parent is required:

I have read the course information at the Crimson Review website for the SAT Full Course. I agree to the terms and conditions about the course including, but not limited to, cancelation and re-scheduling notice requirements and eligibility requirements for the score increase guarantee.

Parent's signature

Date

Payment or Deposit: Course Fee is \$995

Enclosed is a check for \$ _____. (\$100 minimum is required.)

Charge a payment of \$ _____ to Visa Mastercard American Express

Account number: _____

Expiration Date: _____

Name as it appears on the card: _____

Signature of cardholder: _____

SAVE \$25

Pay **in full** by cash or check
(**not by credit card**) at time
of registration and the
course fee drops to \$970.