

2014 ACL/NJCL NATIONAL LATIN EXAM ADD-ON APPLICATION

Last day to add-on: March 7, 2014 by 2:00 p.m. EST

Please Note: This is NOT a postmark deadline.

The NLE office must receive your add-on application by the above date and time.

School Code: _____

NUMBER OF EXAMS:

DO NOT USE THIS APPLICATION AS YOUR ORIGINAL ORDER FORM

INTRODUCTION TO LATIN _____

LATIN I _____

LATIN II _____

LATIN III _____

LATIN III-IV PROSE _____

LATIN III-IV POETRY _____

LATIN V-VI _____

TOTAL NUMBER OF EXAMS _____

TOTAL AMOUNT FOR EXAMS \$ _____

ADDITIONAL BLUE SHEETS/ENVELOPES*

(11-50 \$25 • 51 OR MORE \$50) \$ _____

*For Online and Distance Learning Only

SHIPPING AND HANDLING (see below) _____

CONVENIENCE CHARGE FOR CREDIT CARD ORDERS \$5.00

TOTAL AMOUNT ENCLOSED \$ _____

IN U.S. DOLLARS ONLY PLEASE DO NOT SEND CASH PURCHASE ORDERS CANNOT BE ACCEPTED IN LIEU OF CHECK, MONEY ORDER OR CREDIT CARD.

Add-ons before Jan 31, 2014

(\$4 per Exam) - (\$6 Foreign)

Add-ons after Jan 31, 2014

(\$10 per Exam for order of 3 or less)

(\$5 per Exam for order of 4 or more)

S&H charges apply after Feb 1, 2014

Cost = \$5 regular shipping

Please call for expedited shipping.

PAYMENT MUST ACCOMPANY APPLICATION

Make checks payable to: NATIONAL LATIN EXAM

PLEASE MAIL APPLICATION AND PAYMENT TO:

ACL/NJCL NATIONAL LATIN EXAM
UNIVERSITY OF MARY WASHINGTON
1301 COLLEGE AVENUE
FREDERICKSBURG, VA 22401

QUESTIONS?

1-888-378-7721
1-800-459-9847
nle@umw.edu
www.nle.org

PLEASE TYPE OR PRINT NEATLY:

NAME OF TEACHER/S _____
First Name Last Name

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____
Street (DO NOT use P.O. Box number - Exams are delivered via UPS)

City State Zip (school)

Address for USPS mail, if different from above.

Street _____

City State Zip (school)

SCHOOL PHONE (_____) _____ EXT. AND/OR ACCESS CODE _____

HOME PHONE (_____) _____

TEACHER'S E-MAIL _____

NAME OF PRINCIPAL _____
First Name Last Name

ADMINISTRATOR OF THE EXAM _____
First Name Last Name

**** (NOT THE LATIN TEACHER) ****

FOR EXAM DELIVERY CHECK ONE:

- Send to Exam Administrator
- Send to Principal

Check appropriate box for test administration date.

- Feb. 24-28 (Early admin.)
- March 3-7 (Early admin.)
- March 10-14 (Regular admin.)

Check all boxes that apply:

- Elem. School
- Middle School
- High School
- College / University
- Home School
- School is on semester block schedule.

NUMBER OF BLUE SHEETS

REQUESTED: _____

NLE OFFICE USE ONLY

POSTMARKED: _____

RECEIVED: _____

FOR CREDIT CARD PAYMENTS*

RECEIPT REQUESTED

VISA MASTERCARD DISCOVER

Card Number _____

CVV Code (3 digit code on back of card) _____ Expiration Date _____

Customer Name as it appears on card _____

Billing Address
(if different than the shipping Address)

Street _____

City _____

State _____ Zip _____

