



TRI-COUNTY REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL
147 Pond Street, Franklin, MA 02038
Attn: PN Program
508-528-5400, X117

TEAS Exam Registration Form

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone(Day): _____ (Cell) _____

Email Address: _____

Please select a test date:

Indicate the date that you will take the TEAS exam:

Saturday, October 16, 2010 8:30a-12:30p _____

Monday, November 15, 2010 6:00p-10:00p _____

Saturday, January 22, 2011 8:30a-12:30p _____



TOTAL DUE: \$75.00
Non-Refundable Fee

Please bill my credit card.

Card No. _____ Expiration Date: _____

Signature: _____ Validation Code _____

**If paying by check or money order, please make check payable to
Tri-County RVTHS and mail to address above. Do not send cash.**