STUDY TODAY | COLLEGE TOMORROW

SAT/ACT Preparation Course

REGISTRATION$75—Standard

$50—Students with free/reduced lunch *(MUST provide proof)*

Early registration is encouraged because the maximum number of students we are allowed to take is 50. Registration fee includes the College Board SAT Preparation Book, morning refreshments and lunch.

DATE & TIME **Friday**  
September 6, 2019 8:30 am Morning refreshments  
 12:00 pm Lunch  
 4:00 pm Parent/Student Questions  
Registration and payment must be received by **September 2, 2019**

LOCATIONSouthern Regional Area Health Education Center  
1601 Owen Drive Fayetteville NC 28304  
3rd Floor Classroom B

CONTACT INFORMATON **Tonya Burney, MS, CDP**  
tonya.burney@sr-ahec.org  
(910) 678-7201

TARGET AUDIENCEHigh school students, grades 9—12

PROGRAM DESCRIPTIONThis 1-Day workshop is designed to teach students how to take the SAT test. Students will identify strategies to be utilized during the test. They will review math, verbal   
reasoning, essay and reading sections and take a practice test.

PLEASE BRING TO CLASS

Paper

Pencil

Calculator or TI-83

OBJECTIVES

Provide a general understanding of the significance of   
 standardized tests.

Provide strategies to maximize SAT/ACT math scores.

Provide strategies to maximize SAT/ACT reading scores.

Expose students to a simulated exam and give them   
 opportunities to practice learned strategies.

Give parents and students an opportunity to ask questions   
 about test scores.

Part of the NC AHEC Program.  
In affiliation with Duke University Medical Center

**INCOMPLETE FORMS WILL NOT BE ACCEPTED**

**Please Print**

To Register by Mail:

Registration Deadline: September 2, 2019  
Southern Regional AHEC  
Attn: Health Careers  
1601 Owen Drive  
Fayetteville, NC 28304

Check One:  
 $75.00 Standard Registration Fee   
 $50.00 Students with free/reduced lunch (must provide proof)

To Register by Fax:  
If paying with credit card, you may fax your registration to  
(910) 678-0106

Payment Options:  
 Check Enclosed with registration  
Payable to: Southern Regional AHEC

 VISA  
 MASTERCARD  
Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Initial: \_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity:

 American Indian/Alaskan

 Asian (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Black/African American

 Hispanic/Latino

 Native Hawaiian/Pacific Islander

 White/Caucasian

 Multiracial (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Female  Male

Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_\_

What college you plan to attend: \_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6, 2019