

Part 1

Listening

I. Form Filling

Exercise 1

Questions 1-6

Complete the form below. Write **NO MORE THAN TWO WORDS AND/OR A NUMBER** for each answer.

Meriter Hospital Registration	
Surname:	1 _____
First name:	2 _____
Home address:	3 _____ Drive
Postcode:	4 _____
Nationality:	5 _____
Arrival date:	May 12 th
Departure date:	6 _____

Exercise 2

Questions 1-4

Complete the form below. Write **NO MORE THAN TWO WORDS AND/OR A NUMBER** for each answer.

REQUEST FORM	
Name:	1 _____
Membership number:	2 _____
Mailing address:	89 Mulberry Lane, Carpingtown
E-mail address:	3 _____
Phone number:	at the office 415 662-4755 at home 4 _____