

Major Frank L. Laifer
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SUPERVISED TEST FEE CUT 50% TO \$20 during October 2015, NATIONAL MEMBERSHIP MONTH!!!!!!

Dear Mensa Candidate:

The American Mensa Admission Test will be administered **Saturday, October 31, 2015**, at 10:30 a.m., in the Conference Room of the North Syracuse Library, 100 Trolley Barn Lane, North Syracuse, NY, 13212. If you need driving directions, feel free to Email or phone me. The Conference Room is to the right, after you enter the Library.

I'll provide all test material, pencils and scratch paper. Calculators and note-taking are not allowed. If you arrive after testing has begun, I'll ask you to leave and await notification of the next test. So, **BE PROMPT!!!!** Please bring Photo ID.

The entire procedure will take approximately 2 1/4 hours. I can't test you if you're less than 14 years old on the date of the test. If you intend to take the Test on the above date, detach and return the stub, (below), to me, along with a \$20.00 check or money order, payable to MENSAs. Please, no cash. If you will be younger than 18 on the date of the Test, so advise me and I'll E-mail a Parental Consent Form to be signed and returned with your check and stub. If you're interested in notification of the next test, check the appropriate block. I will, then, notify you one more time. Two notifications is the limit. If you've sent a check, I will destroy it if you don't show after the second notification. If you don't return the stub, I'll assume you're no-longer interested and will remove your name from the Candidates List.

For scheduling purposes, I must have your stub (below), and check or money order in-hand not later than the Deadline Date of Friday, October 30, **2015**. **If you have more than one person attending the test, just send one check to cover all of you, at \$20.00 per person, but, I'll need one stub for each of you. Just copy as many stubs as needed.**

Looking forward to meeting you at the test.

Frank L. Laifer, Test Proctor/Proctor Coordinator

STUB -----STUB

Major Frank L. Laifer, 203 Brookhaven Rd. Syracuse, NY 13212-2009

Name _____ Birthdate _____

Home Address _____

Email _____ Phone _____ Fax _____

I will take the Admission Test on October 31 Check or Money Order for \$20 enclosed.

Please notify me of the next Test