

**Commonwealth of Massachusetts
Supreme Judicial Court
Board of Bar Examiners**

REGISTRATION FORM

LAPTOP COMPUTER TESTING PROGRAM

I, _____, agree to participate in Laptop Computer Testing Program for the essay
(Last Name, First Name & Middle Name) portion of the Massachusetts Bar Examination.

I understand that I must provide my own laptop computer.

I understand that, to register, this completed Registration Form, the fee of \$75.00 in the form of a bank check or money order payable to the Commonwealth of Massachusetts, and the signed Statement of Compliance, must be received (not postmarked) by the Court, with my bar application on or before the bar application filing deadline.

I understand that this completed Registration Form will be provided to ExamSoft Worldwide, Inc. (ExamSoft), the vendor corporation that will be responsible for the technological implementation of this program.

I understand that, as a requirement of participation in this program, I will pay directly to ExamSoft a separate and additional fee of \$100.00. I will be contacted by ExamSoft after ExamSoft has received documentation from the Board of Bar Examiners confirming my participation in the program and will be billed directly by ExamSoft for the \$100.00 fee.

I understand that I must complete all procedures, including the mock exam, required by ExamSoft. I am aware that the software may not be used with personal computer (PC) emulation software.

I understand that I am solely responsible for reading carefully all of the information provided to me relative to my participation in this laptop computer testing program and for adhering to all rules and regulations associated with the laptop computer testing for the essay portion of the bar examination.

I understand that failing to comply with these instructions or to meet a deadline will render me ineligible for the program.

Signed: _____

Date: _____

FULL NAME (as it appears on your Bar Application):

Last Name, First Name & Middle Name

COMPLETE ADDRESS:

Address 1

Address 2

City, State, Zip Code

TELEPHONE NUMBER(S):

Day & Evening Telephone

*EMAIL ADDRESS (REQUIRED):

E-Mail Address (as it appears on your Bar Application)

Include the completed *Registration Form*, *Statement of Compliance*, and the *technology fee of \$75.00* made payable to the Commonwealth of Massachusetts in the form of a money order or bank check (no personal checks) with your completed bar application at the address below by the filing deadline.

**Supreme Judicial Court for the County of Suffolk
Clerk Maura S. Doyle
John Adams Courthouse
One Pemberton Square, Suite 1300
Boston, MA 02108**