

**Requesting Credit for Certified Insurance Counselor (CIC) Commercial Property Institute**

\_\_\_\_\_ has completed the following with a grade of C or better:

**FIN 461 - Business Property and Liability Risk Management**

**Date(s) of Completion:** \_\_\_\_\_ **Location:** California State University, Fullerton, Fullerton, CA

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Signature of Authorized Professor, Dr. Lu \_\_\_\_\_ Date \_\_\_\_\_

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Printed Professor Name and Title \_\_\_\_\_

**PARTICIPANT DATA:**

Name:  Mr.  Ms.: \_\_\_\_\_  
(Last) (First) (Middle Initial)

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

**PAYMENT METHOD:** I have enclosed the Registration Fee of **\$100.00**

By Check (Please make payable to: Society of CIC)

By Credit Card:  Visa  MC  AMEX  Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Please mail this form and payment to:**  
**Society of CIC**  
 P.O. Box 27027 ▪ Austin, Texas 78755-2027  
 Attention: Kathie Flynn, Registrations  
 Phone: (800) 633-2165, ext. 6154  
 Fax: 512-349-6194

For Office Use Only	
Event Code:	<u>20121231CACP</u>
Alliance ID:	_____
Amount:	_____ Date: _____
Exam/Desig Date:	_____