

Requesting Credit for Certified Insurance Counselor (CIC) Life and Health Institute

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

FIN 462 - Life and Health Insurance

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

Signature of Authorized Professor, Dr. Lu _____ Date _____

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: 20121231CALH

Alliance ID: _____

Amount: _____ Date: _____

Exam/Desig Date: _____