**UACIC REGISTRATION FORM**

California State University, Fullerton  
Personal Lines (PL)  

**PARTICIPANT DATA**

- **Gender**: Male [ ] Female [ ]
- **First Name**: ____________________________
- **Middle Initial**: ____________________________
- **Last Name**: ____________________________
- **First Name Preference**: ____________________________
- **Preferred Mailing Address**: ____________________________
- **City State Zip**: ____________________________
- **Date of Birth (MM-DD-YYYY)**: ____________________________  
  Last Four Digits of SSN: ____________________________
- **Home Phone**: ____________________________
- **Cell Phone**: ____________________________
- **Email Address**: ____________________________

**PAYMENT METHOD**

- Enclose $100.00 Registration Fee:  
  - [ ] By Check (Make payable to: CIC)
  - [ ] By Credit Card  
    - VISA [ ]  
    - MC [ ]  
    - AMEX [ ]  
    - DISCOVER [ ]
- **Card Number**: ____________________________
- **Expiration Date**: ____________________________
- **Cardholder Signature**: ____________________________

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The National Alliance is given permission to release the grade of this exam to representatives of  
California State University, Fullerton

**Student Signature**

**Return Form and Payment to:**  
Certified Insurance Counselors  
PO Box 27027, Austin, TX 78755-2027  
ATTN : Kathie Flynn, Registrations  
Phone: (800) 633-2165, ext. 6154  
Fax: 512-349-6194  
kflynn@scic.com

**For Office Use Only**

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