

**California State University, Fullerton**  
Commercial Casualty (CC)

FALL 2012

**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 \_\_\_\_\_

**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	
Event Code:	20121231CACC
Alliance ID:	_____
Amount:	_____
Date Received:	_____