Internet and Computing Core Certification (IC3®)

Name (First)	(MI)	(Last)	
Company		Title/Position	
Address			
City		State	Zip
Phone Number			
Birthdate MM/DD/YYYY (for CEUs/Trans	cript purposes only)		
Email			
The information on this form is private da	ta, used to identify and locate yo	u. Name, address,	and payment method are mandatory.
Registration Rate: (Prices include one re	etake within 30 days if need b	e)	
\$80.00 Students			
\$80.00 Community			
\$45.00 Proctor			
Payment Information:			
Check or Money Order in the am	nount of \$		
Check or money order is payable to SCSU. A	\$30 service charge will be applied if retu	rned for insufficient fund	ls, closed account or Stop Payment request.
Please bill my employer, referen	ce Purchase Order Number		
Please charge my credit card in t	:he amount of \$		
Visa	Master Card	Discover	
Card Number:			
Name as is appears on y	our credit card bill		
Address as is appears or	your credit card bill		
City	State		Zip
Authorized Signature			
Register one of three ways: mail, emai	l or phone.		

To register by mail please print and mail to the address below. To register by email please print, scan and email to the address below. To register by phone, please call the number listed below. A confirmation letter and map will be emailed.

Mail: St. Cloud State University

Welcome Center

Attn: Kim Loesch 355 Fifth Ave S

St. Cloud, MN 56301

Email: welcomecenter@stcoudstate.edu

Phone: 320-308-6100