

Adobe Certified Associate Certification

Name (First) (MI) (Last)
Company Title/Position
Address
City State Zip
Phone Number
Birthdate MM/DD/YYYY (for CEUs/Transcript purposes only)
Email

The information on this form is private data, used to identify and locate you. Name, address, and payment method are mandatory.

Registration Rate: (Prices include one retake within 30 days if need be)

\$ 85.00 Students

\$100.00 Community

\$ 25.00 Proctor

Payment Information:

Check or Money Order in the amount of \$

Check or money order is payable to SCSU. A \$30 service charge will be applied if returned for insufficient funds, closed account or Stop Payment request.

Please bill my employer, reference Purchase Order Number

Please charge my credit card in the amount of \$

Visa Master Card Discover

Card Number:

Name as is appears on your credit card bill

Address as is appears on your credit card bill

City State Zip

Authorized Signature

Register one of three ways: mail, email, and 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@stcloudstate.edu

Phone: 320-308-6100