

# AGA 2005-2006 Advertising Order Form

## Marketing Opportunities: Publications

COMPANY INFORMATION				PRIMARY CONTACT			
COMPANY NAME				NAME			
ADDRESS				TITLE			
CITY STATE ZIP				ADDRESS (if different from left)			
PHONE FAX				CITY STATE ZIP			
WEBSITE				PHONE FAX			
				E-MAIL			

### Corporate Partnership

<input type="radio"/> I am already a Corporate Partner	<input type="radio"/> I want to become a Corporate Partner (Choose a Partnership level below)	Cost
	<input type="radio"/> Professional Level \$5,000 <input type="radio"/> Sustaining Level: \$2,000	

### AGA Newsletter Ads

Newsletter	Issues/Dates	Position Corporate Partners Only	Cost
<b>Newsletter Advertising and Corporate Partnership Total</b>			

### Journal of Government Financial Management

Display Advertisement				
Issue	Size	Color	Position	Cost*
Corporate Partner Advertorial				Cost*
Issue				
<b>Journal Section Total*</b>				

\*You will be billed for Journal advertisements when the issue in which the ad appears is distributed.

### RETURN SIGNED ORDER FORM(S) TO

**AGA, 2208 Mount Vernon Ave.  
Alexandria, VA 22301**

**PH: 800.AGA.7211**

**FAX: 703.548.9367**

### METHOD OF PAYMENT

CHECK/PO PAYABLE TO AGA (Federal Tax ID #53-0217158)

VISA       MASTERCARD       AMEX       DISCOVER

CARDHOLDER PHONE NO.

CARD #

EXP. DATE

NAME AS IT APPEARS ON CARD

SIGNATURE

### AUTHORIZED SIGNATURE

DATE

*This signature indicates we agree to the rules, regulations and policies outlined in this catalog, as well as those on the AGA website that pertain to our purchase.*

This contract represents the entire understanding of the parties and may not be amended except by further written agreement signed by both parties. This contract shall be governed by the laws of the Commonwealth of Virginia. Any dispute between the parties shall be submitted to binding arbitration in Alexandria, Virginia pursuant to the Commercial Rules of the American Arbitration Association. The parties will bear their own costs. Any award may be submitted to a court of competent jurisdiction for enforcement.

# AGA 2005-2006 Conferences & Events Order Form

## Marketing Opportunities: Conferences & Events

**COMPANY INFORMATION** Please complete this section as you wish to have it printed in the conference program and other marketing materials

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

WEBSITE \_\_\_\_\_

**PRIMARY CONTACT** (All information regarding the conference or event will be sent to YOUR attention. This includes the confirmation letter, Exhibitor Service Kit, etc.)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS (if different from left) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

### Corporate Partnership

<input type="radio"/> I am already a Corporate Partner	<input type="radio"/> I want to become a Corporate Partner (Choose a Partnership level below)	Cost
	<input type="radio"/> Professional Level \$5,000 <input type="radio"/> Sustaining Level: \$2,000	

### Certificate of Excellence in Accountability Reporting (CEAR) Ceremony

Choose an event	Cost
<input type="radio"/> CEAR Awards Ceremony Reception: \$10,000	
<input type="radio"/> CEAR Awards Ceremony: \$20,000	

### Performance Management Conference

	Item description	Cost
<input type="radio"/> Sponsorship	Level: _____ Item(s): _____	
<input type="radio"/> Program Ad	Size: _____ Position: _____	

### National Leadership Conference

	Item description	Cost
<input type="radio"/> Sponsorship	Level: _____ Item(s): _____	
<input type="radio"/> Exhibit Booth*	Size: _____ Booth choices: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____	
<input type="radio"/> Program Ad	Size: _____ Position: _____	

### Professional Development Conference & Exposition

	Item description	Cost
<input type="radio"/> Sponsorship	Level: _____ Item(s): _____	
<input type="radio"/> Exhibit Booth*	Size: _____ Booth choices: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____	
<input type="radio"/> Program Ad	Size: _____ Position: _____	

**MARKETING CONTACT FOR FINAL PROGRAM** —  
Who should attendees contact for more information?

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**TOTAL** \_\_\_\_\_

\*We wish to avoid booth placement near the following competitors:

\_\_\_\_\_

\_\_\_\_\_

#### METHOD OF PAYMENT

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- VISA       MASTERCARD       AMEX       DISCOVER

CARDHOLDER PHONE NO. \_\_\_\_\_

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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