



AGA's Seventh Annual
PERFORMANCE MANAGEMENT CONFERENCE
Registration Form

November 3-4, 2011 | W Hotel | Seattle, Washington

3 Easy Ways to Register...



ONLINE

www.agacgfm.org
 It's fast and secure
 Credit Card Only



FAX

703.684.6933
 24 hours a day
 Credit Cards and POs Only



MAIL

2208 Mount Vernon Avenue
 Alexandria, VA 22301
 All Payment Types



QUESTIONS

For more information,
 contact 800.AGA.7211
 ebarry@agacgfm.org

Attendee Information

Name and Address

Full Name _____

Nickname/First Name for Badge _____

Professional Designations (check all that apply):

CGFM CPA Ph.D. Other _____

Job Title _____

Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

This e-mail address will be used for registration confirmations, conference updates and badge pick-up instructions. We will NOT sell your e-mail address.

YES! I would like to be an SEA Program Reviewer

YES! I would like information on submitting a report for review in the SEA Program

Employer

Federal State County City Private
 Academia Student Retired Other _____

Responsibility Area

- | | |
|--|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Auditing/Investigations | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Contract Management |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Grants Management |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Management/Admin | <input type="checkbox"/> Performance Management |
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other _____ | |

Please Indicate Any Special Needs

Dietary:

- Diabetic Gluten-Free Vegan
 No Seafood Shellfish Allergies Vegetarian
 Other _____

Physical: Please check here if you require special accommodations to participate in this event and provide a written description of your needs.

In Case of Emergency During the Conference, Please Contact:

Name _____

Daytime Phone _____

Evening Phone _____

Registration Fees

	Early By: Oct. 1	Standard After: Oct. 1
AGA MEMBER	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445
NONMEMBER	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495

Join AGA or Renew Today & Pay Discounted Rate

Member Dues:		Application Type:
*Plus Chapter Dues (where applicable).		
<input type="checkbox"/> Government: \$90*		<input type="checkbox"/> New Member
<input type="checkbox"/> Private Sector: \$150*		<input type="checkbox"/> Renewal

Method of Payment

Total Amount Due: \$ _____ **(Include Membership Dues if Applicable)**

- Check Enclosed** (Made payable to AGA).
 Purchase Order # _____ **is enclosed.** Please send me an invoice.
 AMEX **Discover** **MasterCard** **VISA**

Card Number _____ Exp Date _____

Card Holder Name _____ Card Holder E-mail _____

Card Holder Signature _____ Card Holder Phone _____

Payment must accompany registration form!

Conference registration will NOT be processed or confirmed until payment or a copy of the purchase order is received. Only U.S. dollars are accepted. **AGA Federal Tax ID #53-0217158**

Cancellation/Refund Policy: Refunds, less a \$50 processing fee per registrant, will be granted for requests received in writing by **October 21, 2011**. Refunds will not be granted after this date. No shows are responsible for full payment. **Substitution Policy:** If you are unable to attend the conference and have already registered, you may designate another person to take your place. Just complete a registration form for the new attendee and indicate the name of the individual that is being replaced. Membership status is not transferable. Additional fees may be required based on the replacement's membership status.