

July 10 – 13, 2005 Orlando, FL

Early Registration Deadline: June 10, 2005

3 Easy Ways to Register...



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



FAX
703.562.0361
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 Julie Cupp
800.AGA.7211 ext. 207
jcupp@agacgfm.org

Registration Information

A 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.

B Employer

Federal State County City
 Private Academia Student Retired

C Responsibility Area

Accounting Administration
 Auditing Budgeting
 Consulting Contract Management
 Finance Financial Management
 Grants Management Information Systems
 Legal Management
 Program Management Other

D Please Indicate Any Special Needs

Dietary:
 Diabetic Low Salt Low Fat
 Seafood Shellfish Allergies Vegetarian
 Low Carb Other _____
 Physical: Please check here if you require special accommodations to participate in this event and provide a written description of your needs.

E In Case of Emergency During the Conference, Please Contact:

Name _____
 Daytime Phone _____
 Evening Phone _____

Register online and save \$25!

Registration Fees

REGISTRATION FEES

	Early By: June 10	Standard After: June 10
AGA MEMBER	<input type="checkbox"/> \$800	<input type="checkbox"/> \$900
NONMEMBER	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1100

Join AGA or Renew Today & Pay Discounted Rate

Member Dues:
 Government: \$90* New Member
 Private Sector: \$150* Renewal
 *Plus Chapter Dues (where applicable).

Method of Payment

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

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

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

Card Number _____ Exp Date _____
 Card Holder Name _____
 Card Holder Signature _____ Card Holder Phone _____

Cancellation/Refund Policy: Refunds, less a \$50 processing fee per registrant, will be granted for requests received in writing by **June 24, 2005**. 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.