

REGISTRATION FORM

AGA's First Federal Performance Conference

APRIL 27-28, 2010 | RENAISSANCE WASHINGTON, DC DOWNTOWN HOTEL

3 Easy Ways to Register...



ONLINE

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It's fast and secure
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QUESTIONS

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

ATTENDEE 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

AGA offers a wide variety of education and training courses for government accountability professionals. We bring courses to your location and offer low-cost convenient continuing professional education through our monthly audio conference series. Find out more about AGA education and training, our performance programs and our intergovernmental partnership at www.agacgfm.org.

D 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.

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

Name _____

Daytime Phone _____

Evening Phone _____

REGISTRATION FEES

F

	Standard
AGA MEMBER	<input type="checkbox"/> \$395
NONMEMBER	<input type="checkbox"/> \$495

Join AGA or Renew Today & Pay Discounted Rate

Member Dues:

Application Type:

*Plus Chapter Dues (where applicable).

Government: \$90* New Member
 Private Sector: \$150* Renewal

METHOD OF PAYMENT

G 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 _____

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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 **April 16, 2010**. 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.