

AGA's Fourth Annual Internal Control & Fraud Conference Registration Form

September 16-17, 2009

Reagan Building, Washington, DC

Early Registration Deadline: Aug. 14, 2009



3 Easy Ways to Register...



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

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 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 _____

Register online
and save \$25!

Registration Fees

F

	Early By: Aug. 14	Standard After: Aug. 14	Join AGA or Renew Today & Pay Discounted Rate Member Dues: *Plus Chapter Dues (where applicable).	Application Type:
AGA MEMBER	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> Government: \$90*	<input type="checkbox"/> New Member
NONMEMBER	<input type="checkbox"/> \$675	<input type="checkbox"/> \$775	<input type="checkbox"/> Private Sector: \$150*	<input type="checkbox"/> 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 _____

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 **August 31, 2009**. 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.