



AGA's Seventh Annual National Leadership Conference

Registration Form

February 19 – 20, 2009

Ronald Reagan Building, Washington, D.C.

Early Registration Deadline: Jan. 16, 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 Contact Info

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

<input type="checkbox"/> Accounting	<input type="checkbox"/> Administration
<input type="checkbox"/> Auditing	<input type="checkbox"/> Budgeting
<input type="checkbox"/> Consulting	<input type="checkbox"/> Contract Management
<input type="checkbox"/> Finance	<input type="checkbox"/> Financial Management
<input type="checkbox"/> Grants Management	<input type="checkbox"/> Information Systems
<input type="checkbox"/> Legal	<input type="checkbox"/> Management
<input type="checkbox"/> Program Management	<input type="checkbox"/> Other

D Please Indicate Any Special Needs

Dietary:

Diabetic Low Fat Low Salt

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: Jan. 16	Standard After: Jan. 16	Join AGA or Renew Today & Pay Discounted Rate Member Dues:	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

*Plus Chapter Dues (where applicable).

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 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 **February 6, 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.