



AGA's Eighth Annual National Leadership Conference

Registration Form

February 18 – 19, 2010

Ronald Reagan Building, Washington, D.C.

Early Registration Deadline: **Jan. 22, 2010**

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

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: Jan. 22	Standard After: Jan. 22	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 E-mail _____

Card Holder Signature _____

Card Holder Phone _____

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