

INTENSIVE REVIEW COURSE REGISTRATION FORM
Nashville, June 2007

ELIGIBILITY: (you must check one)

I have already applied for the CGFM Program (Candidate ID _____)

OR

CGFM Program application form, application fee and college transcript are attached

Full name _____

Employer _____ Title _____

Address (Home or Work?) _____

Daytime telephone _____ E-mail _____

REGISTRATION: (you must check one)

I would like to register for the Intensive Review Course to be held on June 21-22, 2007 and then take the CGFM Examinations on June 23-24, 2007. **FEE: \$249**

OR

I will not attend the course. I only want to take the CGFM Examinations on June 23-24, 2007. **FEE: \$83 per exam.**

Amount Due: _____

Payment method: Check (payable to "AGA") Visa MasterCard AMEX Discover

Credit card number: _____ Expiration date: _____

Cardholder's name: _____ Signature: _____

In the table below, please select one time slot for each of the exams you want to take ("Exam 1", "Exam 2", "Exam 3").

	8:30 am – 11:30 am	12:00 pm – 3:00 pm	3:30 pm – 6:30 pm
Saturday, 06/23/07			
	8:00 am – 11:00 am	11:30 am – 2:30 pm	3:00 pm – 6:00 pm
Sunday, 06/24/07	<i>This time slot is full</i>	<i>This time slot is full</i>	

Space is limited - **fax** (703.562.0361) or **mail** (AGA, 2208 Mt. Vernon Ave, Alexandria, VA 22301) this form as soon as possible.

Notes:

- We will send you an e-mail confirming your requested time slot(s). If there is a problem scheduling your requested time, we'll let you know as soon as possible.
- Registrations for this event will not be confirmed until after the CGFM application is accepted.
- Registrations for this event will not be accepted after **June 11, 2007**.
- Cancellations must be received by **May 24, 2007**. Refunds will not be granted after this date.
- Visit http://www.agacgfm.org/pdc2007/cgfm_exam.htm for more information, including Testing Procedures.