

INTENSIVE REVIEW COURSE REGISTRATION FORM
Atlanta, GA, July 2008

ELIGIBILITY: (you must check one)

- I have already applied for the CGFM Program and received an eligibility letter
 (Candidate ID _____) **OR**
- I have already submitted my CGFM Program application form, application fee and college transcript
 and have not yet received an eligibility letter (Date of application _____) **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 July 24-25, 2008
 and then take the CGFM Examinations on July 26-27, 2008. **FEE: \$249**

OR

- I will not attend the course. I only want to take the CGFM Examinations on July 26-27, 2008.
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").***

	8:00 am – 11:00 am	11:45 am – 2:45 pm	3:30 pm – 6:30 pm
Saturday, 07/26/08	<i>This time slot is full</i>	<i>This time slot is full</i>	<i>This time slot is full</i>
Sunday, 07/27/08			

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 **July 14, 2008**.
- **Cancellations must be received by June 24, 2008**; refunds will not be granted after this date.