

Registration Form

June 18 – 21, 2006

San Diego Marriott Hotel & Marina, San Diego, CA

Early Registration Deadline: May 19, 2006

3 Easy Ways to Register...



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



FAX
703.562.0361
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 Julie Cupp, CMP
800.AGA.7211, ext. 322
jcupp@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 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	AGA MEMBER	Early By: May 19	Standard After: May 19	Join AGA or Renew Today & Pay Discounted Rate	
	NONMEMBER	<input type="checkbox"/> \$800	<input type="checkbox"/> \$900	Member Dues:	Application Type:
		<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1100	*Plus Chapter Dues (where applicable). <input type="checkbox"/> Government: \$90* <input type="checkbox"/> Private Sector: \$150*	<input type="checkbox"/> New Member <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 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 **June 9, 2006**. 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.