



# Registration Form

September 24–25, 2007

Embassy Suites Phoenix/Scottsdale Golf Resort

Phoenix, AZ

## 3 Easy Ways to Register...



**ONLINE**  
www.agacgfm.org  
It's fast and secure  
Credit Card 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 Julie Cupp, CMP  
800.AGA.7211. ext. 322  
jcupp@agacgfm.org

## Attendee Information

### 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.

### Employer

Federal  State  County  City  
 Private  Academia  Student  Retired  
 Other \_\_\_\_\_

**YES! I would like to be an SEA Program Reviewer**

**YES! I would like information on submitting a report for review in the SEA Program**

**YES! I will attend the SEA Reviewer Training on Sept. 26**

### 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.

### In Case of Emergency During the Conference, Please Contact:

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

## Registration Fees

	Early By: Aug. 31	Standard After: Aug. 31	Join AGA or Renew Today & Pay Discounted Rate Member Dues: *Plus Chapter Dues (where applicable).	Application Type:
AGA MEMBER	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445	<input type="checkbox"/> Government: \$90*	<input type="checkbox"/> New Member
NONMEMBER	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495	<input type="checkbox"/> Private Sector: \$150*	<input type="checkbox"/> Renewal

## Method of Payment

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 **September 7, 2007**. 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.