



AGA's Sixth Annual  
**PERFORMANCE MANAGEMENT CONFERENCE**  
**Registration Form**

October 13-14, 2010 | Embassy Suites Baltimore – BWI Airport Hotel | Linthicum, Maryland

**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 800.AGA.7211  
 ebarry@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.

**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**

**Employer**

Federal  State  County  City  Private

Academia  Student  Retired  Other \_\_\_\_\_

**Responsibility Area**

- |  |   |
|--|---|
| <input type="checkbox"/> Academia                | <input type="checkbox"/> Accounting             |
| <input type="checkbox"/> Auditing/Investigations | <input type="checkbox"/> Budgeting              |
| <input type="checkbox"/> Consulting              | <input type="checkbox"/> Contract Management    |
| <input type="checkbox"/> Finance                 | <input type="checkbox"/> Grants Management      |
| <input type="checkbox"/> Information Systems     | <input type="checkbox"/> Legal                  |
| <input type="checkbox"/> Management/Admin        | <input type="checkbox"/> Performance Management |
| <input type="checkbox"/> Program Management      | <input type="checkbox"/> Retired                |
| <input type="checkbox"/> Other _____             |   |

**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.

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

Name \_\_\_\_\_

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

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

**Registration Fees**

	Early By: Sept. 10	Standard After: Sept. 10
<b>AGA MEMBER</b>	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445
<b>NONMEMBER</b>	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495

**Join AGA or Renew Today & Pay Discounted Rate**

**Member Dues:**

\*Plus Chapter Dues (where applicable).

Government: \$90\*

Private Sector: \$150\*

**Application Type:**

New Member

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 E-mail \_\_\_\_\_

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 **October 1, 2010**. 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.