

Webinar Group Package Registration



This form is for organizations registering for 4 or more webinars.

Registration Information

Please register the person who will be the site coordinator. This person will receive all materials including registration confirmation.

Full Name _____

Professional Designations (Check all that apply): CGFM CPA CIA Other: _____

Job Title _____ Organization _____

Street Address _____ City/State/ZIP Code _____

Phone _____ Email _____

Is this an AGA chapter event: No
 Yes Chapter _____

Registration Packages

Registration fee is per site, not per person. Select trainings from the list below and then select the corresponding package. Below are topics for each webinar only. Webinar titles will be edited once content is confirmed. Discount is taken off email/mail rate of \$375/webinar.

- | | |
|---|--|
| <input type="checkbox"/> Sept. 9, 2020 – Communications | <input type="checkbox"/> March 3, 2021 – Improper Payments |
| <input type="checkbox"/> Oct. 7, 2020 – Internal Control | <input type="checkbox"/> March 24, 2021 – Cybersecurity |
| <input type="checkbox"/> Nov. 4, 2020 – Ethics | <input type="checkbox"/> April 7, 2021 – Ethics |
| <input type="checkbox"/> Dec. 9, 2020 – Internal Control | <input type="checkbox"/> April 21, 2021 – DATA Act |
| <input type="checkbox"/> Jan. 13, 2021 – Uniform Guidance | <input type="checkbox"/> May 12, 2021 – Fraud/Data Analytics |
| <input type="checkbox"/> Feb. 3, 2021 – GASB Update | <input type="checkbox"/> June 9, 2021 – Leadership |

4 to 7 webinars: \$337/each (10% discount) # of Webinars _____ × \$337 = \$ _____

8 to 12 webinars: \$281/each (25% discount) # of Webinars _____ × \$281 = \$ _____

Method of Payment

Payment must accompany this form to be processed and receive confirmation. Only U.S. dollars are accepted.

- Check or money order enclosed (made payable to AGA; please write AGA's invoice # on check).
- Purchase order # _____ is enclosed. (Payment is required in advance of the training.)
- Credit card: AMEX Discover MasterCard Visa
- Card Number _____ Exp. Date _____
- Card Holder Name _____ Card Holder Signature _____
- Email _____

Cancellation/Refund Policy

Refunds, less a \$25 processing fee per line, will be granted for requests received in writing by 5 p.m. ET, the Friday prior to each webinar. Refunds will not be granted after this date.

Send complete registration form to webinars@agacgfm.org or mail to 2208 Mount Vernon Ave., Alexandria, VA 22032

Questions? Please call 800.AGA.7211, ext. 322 or email webinars@agacgfm.org

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