

Card Number _

Card Holder Name

Card Holder Signature

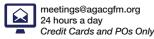
2019 In-Person Attendee Registration Form

3 Easy Ways to Register...

ONLINE



EMAIL

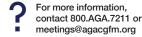


MAIL



2208 Mount Vernon Avenue Alexandria, VA 22301 All Payment Types

QUESTIONS



Attendee Information	
Name and Contact Info	Primary Responsibility Area
Full Name	☐ Academia ☐ Accounting ☐ Administration
Nickname/First Name for Badge	☐ Auditing ☐ Budgeting ☐ Consulting
Professional Designations (check all that apply):	☐ Financial Mgmt. ☐ Grants Mgmt. ☐ Information Systems ☐ Investigation ☐ Legal ☐ Mgmt./Admin.
☐ CGFM ☐ CPA ☐ Ph.D. ☐ Other	☐ Performance Mgmt. ☐ Program Mgmt.
Member ID #	☐ Other
Job Title	Please Indicate Any Special Needs
Organization	Dietary: □ Diabetic □ Gluten-Free □ Vegan
Mailing Address	E blabetic E didteri i rec E vegari
City State ZIP Code	
Phone	Dhysical: Places shock here if you require special accommodations to
Email_	participate in this event and provide a written description of your needs.
This email address will be used for confirmations, updates and badge pick-up instructions. Exhibitors and sponsors are permitted a one-time use of attendee email addresses for promotional purposes unless you check the box below. We will NOT sell your email address. ☐ Check here if you do not want your email address sent to exhibitors.	In Case of Emergency During the Training, Please Contact: Name
Role Within Organization	Phone
☐ Executive ☐ Mgmt./Supervisory ☐ Staff/Analyst	
☐ Operations ☐ Other	
Registr	ation Fees
National Leadership Training Washington, D.C. Feb. 27–28 Professional Development Training New Orleans July 21–24	Internal Control & Fraud Prevention Training Washington, D.C. Sept. 18–19 Become a Member Today and SAVE!
Early Bird Standard Early Bird Standard (By Feb. 2) (After Feb. 2) (By June 29) (After June	GOVERNMENT LINE
AGA Member □ \$550 □ \$650 □ \$900 □ \$1,	000 🗆 \$550 🗆 \$650
Non-Member □ \$725 □ \$825 □ \$1,100 □ \$1,	200 🗆 \$725 🗆 \$825
Cancel by: February 8, 2019 June 21, 2	019 August 23, 2019
, , , , , , , , , , , , , , , , , , ,	
Method	of Payment
Total Amount Due: \$ (Include Membership	_
iotal Amount Due. [Include Membership]	Conference registration will NOT be processed or
Check England (made novelet to ACA)	
☐ Check Enclosed (made payable to AGA).☐ Purchase Order # is enclosed. Plea	confirmed until payment or a copy of the purchase order is received. Issued POs must be paid before the cancellation date for registrations to be valid. Only U.S.

Cancellation/Substitution Policy: Refunds, less a \$50 processing fee per registrant, for each cancellation requests received in writing by the cancellation dates above. Refunds will not be granted after this date. No shows are responsible for full payment. Substitution Policy: If you are unable to attend the training 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. Please visit each training's registration website for further details.

Expiration Date_

Card Holder Email

Card Holder Phone