

## Sponsor Comp. Registration Form

Please complete and return this form to [mcordova@agacgfm.org](mailto:mcordova@agacgfm.org) no later than **Tuesday, Feb. 13**

Company:	Sponsorship Level:
Contact Name:	Contact email:

### In-person Registrations

<b>#1</b>	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
<b>#2</b>	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
<b>#3</b>	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
<b>#4 Gold &amp; Silver</b>	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
<b>#5 Gold</b>	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
<b>#6 Gold</b>	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):

## Virtual Registrations

<b>#1</b>	Full Name:	Nickname:
Job Title:	Designations (i.e. CGFM):	
E-Mail:		
<b>#2 Gold &amp; Silver</b>	Full Name:	Nickname:
Job Title:	Designations (i.e. CGFM):	
E-Mail:		
<b>#3 Gold</b>	Full Name:	Nickname:
Job Title:	Designations (i.e. CGFM):	
E-Mail:		
<b>#4 Gold</b>	Full Name:	Nickname:
Job Title:	Designations (i.e. CGFM):	
E-Mail:		

- Sponsor in-person registration includes all functions held in the Solutions Hall, Lunch and up to 14 CPEs per attendee.
- The "Know Before You Attend" email will be sent to all attendees on Wednesday, Feb. 21.