

Association for Federal Enterprise Risk Management

Attendee Registration Form

I'm attending (required answer selection) □ In-Person □ Virtually (Home or Office) If Attending In-person Please Indicate if you have any dietary restrictions:
□ Virtually (Home or Oπice)
Please note that in-person and virtual registration fees are the <u>SAME.</u> You will be billed according to your membership status in AFERM. Please indicate if you require special accommodations:
Name and Contact Info: Full Name Please provide your emergency contact if any:
Nickname/First Name for Badge
Professional Designations (check all that apply): Name
□ CGFM □ CPA □ Ph.D. □ Other Phone
Job TitleOrganization
Mailing Address
Mailing Address ZIP Code
Phone
Email
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.
$\hfill\Box$ Check here if you do not want your email address sent to exhibitors.
Registration Fees
Early Bird (by October 28) AFERM Members: ☐ \$500.00 Non-Members: ☐ \$625.00
Standard (after October 28) AFERM Members: ☐ \$600.00 Non-Members: ☐ \$725.00
Standard (after October 28) AFERM Members: ☐ \$600.00 Non-Members: ☐ \$725.00 Method of Payment
Method of Payment
Method of Payment Total Amount Due: \$
Method of Payment Total Amount Due: \$ □ American Express □ Discover □ Master Card □ VISA □ PO/SF-182/Check* *PO/SF-182/Check #

Cancellation, Substitution & Refund Policy: Please visit the AFERM'23 Registration Website for more information on deadlines and additional fees. Email: For Credit Cards & PO/SF-12, email this form to summit@aferm.org. By mail: All payment types. Mail completed registration form with payment to AFERM— 1050 Connecticut Ave, NW. P.O. Box 66281, Washington, D.C. 20035-6281.