



Please complete and return this form to mcordova@agacgfm.org no later than **Friday, August 23.**

SPONSOR REGISTRATION FORM		
Company:		
Principal Contact:		Phone:
E-mail:		
Sponsorship Level:		
In-person Registrants' Information		
#1	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
#2	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
#3 Gold & Silver	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
#4 Gold	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
#5 Gold	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):

Virtual Registrants' Information

#1	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#2	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#3	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#4 Gold & Silver	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#5 Gold	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#6 Gold	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.**

***You will be able to exchange three virtual registrations for 1 in-person registration, please let me know if you'd like to take advantage of this opportunity.**