



AGFA FRAUD 2

Sept. 20-21 • 14 CPEs
Washington, D.C. or virtual

Company:	
Principal Contact:	Phone:
E-mail:	

You are entitled to **3 complimentary exhibit passes** for company representatives to staff your tabletop display. Includes access to all functions held in the Solutions Hall only. Does not include CPEs. You may register additional booth staff at **\$100.00 per person**. *Payment for extra booth staff is required prior to the registration being processed (see below).*

TABLETOP EXHIBITOR ADDITIONAL REGISTRANTS:

#1 - \$100	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-mail:		
Food Allergies/Special Needs?		Emergency Contact Info:
#2 - \$100	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-mail:		
Food Allergies/Special Needs?		Emergency Contact Info:
#3 - \$100	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-mail:		
Food Allergies/Special Needs?		Emergency Contact Info:
#4 - \$100	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-mail:		
Food Allergies/Special Needs?		Emergency Contact Info:
#5 - \$100	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-mail:		
Food Allergies/Special Needs?		Emergency Contact Info:

ADDITIONAL REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT

<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date:
Card Number:			Card Holder Name:		
Signature:			Card Holder Email:		

Please complete and return this form to mcordova@agacgfm.org no later than **Friday, Sept. 2.**