



AGFA FRAUD 2/2

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

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

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 Gold & Silver	Full Name:	Name for Badge:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
Special Needs & Food Allergies:		Emergency contact (name and phone #):
#3 Gold	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 #):

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	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#5	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#6	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#7 Gold & Silver	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#8 Gold & Silver	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#9 Gold	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#10 Gold	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		