

2025 Internal Control & FRAUD Prevention Training

September 24–25, 2025

Washington, D.C. or virtual

Attendee Registration Form

Attendee Information

I'm Attending (required answer selection)

- ☐ In-Person
☐ Virtually (Home or Office)

Please note that in-person and virtual registration fees are the **SAME**

Name and Contact Info:

Member ID # _____
Full Name _____
Nickname/First Name for Badge _____
Professional Designations (check all that apply):
☐ CGFM ☐ CPA ☐ Ph.D. ☐ Other _____
Job Title _____
Organization _____
Mailing Address _____
City _____ State _____ 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.

☐ Check here if you do not want your email address sent to exhibitors.

Primary Responsibility Area:

- | | | |
|--|--|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Accounting | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Budgeting | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Financial Mgmt. | <input type="checkbox"/> Grants Mgmt. | <input type="checkbox"/> Inf. Systems |
| <input type="checkbox"/> Investigation | <input type="checkbox"/> Legal | <input type="checkbox"/> Mgmt./Admin. |
| <input type="checkbox"/> Performance Mgmt. | <input type="checkbox"/> Program Mgmt. | |
| <input type="checkbox"/> Other _____ | | |

If Attending In-person:

Please Indicate if you have any dietary restrictions:

Please indicate if you require special accommodations:

Please provide your emergency contact if any:

Name _____

Phone _____

Registration Fees

Early Bird (by August 29)

AGA Members: ☐ \$ 600.00

Non-Members: ☐ \$775.00

Standard (after August 29)

AGA Members: ☐ \$ 700.00

Non-Members: ☐ \$875.00

Method of Payment

Total Amount Due: \$ _____ ☐ American Express ☐ Discover ☐ Master Card ☐ VISA ☐ PO/SF-182/Check*

*PO/SF-182/Check # _____

Card Number _____ Expiration Date _____ Zip Code _____ Security Code _____

Card Holder Name _____ Card Holder Email _____

Card Holder Signature _____ Card Holder Phone _____

Cancellation, Substitution & Refund Policy: Please visit the [Fraud 2025 Registration Website](#) for more information on deadlines and additional fees. Email: For Credit Cards & PO/SF-12, email this form to meetings@agacgfm.org. By mail: All payment types. Mail completed registration form with payment to AGA – 2208 Mount Vernon Avenue, Alexandria, VA 20301- 1314.