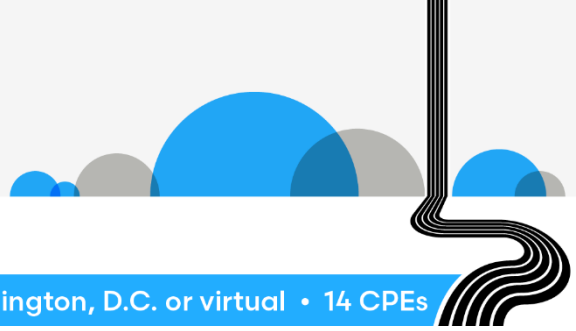


# AGA National LEADERSHIP Training 2024

February 28–29 • Washington, D.C. or virtual • 14 CPEs



<b>Company:</b>	
<b>Principal Contact:</b>	<b>Phone:</b>
<b>E-mail:</b>	

You are entitled to **3 complimentary exhibit passes** for company representatives to staff your booth. Includes access to all functions held in the Solutions Hall only. Lunch and CPEs are not included under exhibitor registration. You may register additional booth staff at **\$150.00 per person**.

EXHIBITOR EXTRA PAID REGISTRANTS		
<b>#1 - \$150</b>	<b>Full Name:</b>	<b>Name for Badge:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>E-mail:</b>		
<b>Food Allergies/Special Needs?</b>		<b>Emergency Contact Info:</b>
<b>#2 - \$150</b>	<b>Full Name:</b>	<b>Name for Badge:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>E-mail:</b>		
<b>Food Allergies/Special Needs?</b>		<b>Emergency Contact Info:</b>
<b>#3 - \$150</b>	<b>Full Name:</b>	<b>Name for Badge:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>E-mail:</b>		
<b>Food Allergies/Special Needs?</b>		<b>Emergency Contact Info:</b>
<b>#4 - \$150</b>	<b>Full Name:</b>	<b>Name for Badge:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>E-mail:</b>		
<b>Food Allergies/Special Needs?</b>		<b>Emergency Contact Info:</b>
<b>#5 - \$150</b>	<b>Full Name:</b>	<b>Name for Badge:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>E-mail:</b>		
<b>Food Allergies/Special Needs?</b>		<b>Emergency Contact Info:</b>

ADDITIONAL REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT					
<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiration Date:	ZIP code:
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Please complete and return this form to [mcordova@agacgfm.org](mailto:mcordova@agacgfm.org) no later than Tuesday, Feb. 13<sup>th</sup>.