



Sponsor Comp. Registration Form

Please complete and return this form to mcordova@agacgfm.org no later than **Friday, Feb. 7**

Company:	Sponsorship Level:
Contact Name:	Contact email:

In-person Registrations

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

Virtual Registrations

#1	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#2 Gold & Silver	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#3 Gold	Full Name:	Nickname:
Job Title:		Designations (i.e. CGFM):
E-Mail:		
#4 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.
- The "Know Before You Attend" email will be sent to all attendees on Wednesday, Feb. 12.