



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:

- ☐ Academia ☐ Accounting ☐ Administration
☐ Auditing ☐ Budgeting ☐ Consulting
☐ Financial Mgmt. ☐ Grants Mgmt. ☐ Inf. Systems
☐ Investigation ☐ Legal ☐ Mgmt./Admin.
☐ Performance Mgmt. ☐ Program Mgmt.
☐ Other _____

Role Within Organization:

- ☐ Executive ☐ Mgmt./Supervisory ☐ Staff/Analyst
☐ Operations ☐ Other _____

If Attending In-person

Please Indicate Any Special Needs Dietary:

- ☐ Diabetic ☐ Gluten-Free ☐ Vegan
☐ No Seafood ☐ Shellfish Allergies ☐ Vegetarian
☐ Other _____
☐ Physical: Please check here if you require special accommodations to participate in this event and provide a written description of your needs.

In Case of Emergency During the Training, Please Contact:

Name _____
Phone _____

Registration Fees

Early Bird (by Jan. 30)

AGA Members: ☐ \$600.00

Non-Members: ☐ \$775.00

Standard (after Jan. 30)

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 [NLT' 26 Registration Website](https://www.agacgm.org/2026/02/18-19-2026-national-leadership-training-registration-website/) for more information on deadlines and additional fees. Email: For Credit Cards & PO/SF-12, email this form to meetings@agacgm.org. By mail: All payment types. Mail completed registration form with payment to AGA – 2208 Mount Vernon Avenue, Alexandria, VA 20301- 1314.