



Nashville, Tennessee ★ July 27–30, 2025

Please complete and return this form to [mcordova@agacgfm.org](mailto:mcordova@agacgfm.org)

## EXHIBITOR REGISTRATION FORM

Company:	
Principal Contact:	Phone:
E-mail:	

## In-person Booth Staff Registration 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	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 #):	

Three (3) complimentary in-person booth staff registrations. Includes access to all functions held in the Solutions Hall only. Does not include CPEs.