

**AGA****PDT  
2023**July 23-26, 2023  
Orlando

## 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 June 23)****AGA Members:** ☐ \$ 950.00**Non-Members:** ☐ \$1,150.00**Standard (after June 23)****AGA Members:** ☐ \$1,050.00**Non-Members:** ☐ \$1,250.00

### 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 [PDT' 23 Registration Website](https://www.agacgfm.org/PDT23RegistrationWebsite) for more information on deadlines and additional fees. Email: For Credit Cards & PO/SF-12, email this form to [meetings@agacgfm.org](mailto:meetings@agacgfm.org). By mail: All payment types. Mail completed registration form with payment to AGA – 2208 Mount Vernon Avenue, Alexandria, VA 20301- 1314.