



# Professional Development Training 2024

Denver, Colorado  
July 14–17, 2024

## 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 14)

AGA Members: ☐ \$ 950.00

Non-Members: ☐ \$1,150.00

#### Standard (after June 14)

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' 24 Registration Website](#) 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.