



A Virtual Event
July 28–29, 2025
14 CPEs

Virtual Attendee Registration Form

Attendee Information

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 27)

AGA Members: ☐ \$275.00

Non-Members: ☐ \$475.00

Standard (after June 27)

AGA Members: ☐ \$375.00

Non-Members: ☐ \$575.00

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