

## **Virtual Attendee Registration Form**

Attendee Information				
Name and Contact Info:  Member ID #	Primary Responsib  ☐ Academia	-	☐ Administration	
Full Name	☐ Auditing	U	☐ Consulting	
	☐ Financial Mgmt.		_	
Nickname/First Name for Badge	☐ Investigation	_	Mgmt./Admin.	
Professional Designations (check all that apply):	<u> </u>	☐ Performance Mgmt. ☐ Program Mgmt. ☐ Other		
□ CGFM □ CPA □ Ph.D. □ Other				
Job Title				
Organization				
Mailing Address				
CityState ZIP Code				
Phone				
Email	and hadge			
pick-up instructions. Exhibitors and sponsors are permitted				
time use of attendee email addresses for promotional purposes				
unless you check the box below. We will NOT sell your email	l address.			
☐ Check here if you do not want your email address sent to exhibitors.				
Registration Fees				
Early Bird (by June 27)	<b>AGA Members</b> : □ \$275.00	nbers: ☐ \$275.00 Non-Members:☐\$475.00		
Standard (ofter June 27)	ACA Mambara: □ ¢275.00	Non Mombon	a. □ ¢E7E 00	
Standard (after June 27)	AGA Members: □ \$375.00	Non-Member	<b>S:</b> □ \$5/5.00	
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 Signature				

**Cancellation, Substitution & Refund Policy**: Please visit the <u>PDT' 25 Registration Website</u> 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.