

Webinar Group Package Registration



This form is for organizations registering for 4 or more webinars.

Registration Information

Please register the person who will be the site coordinator. This person will receive all materials including registration confirmation and call-in instructions for the entire group.

Full Name _____

Professional Designations (Check all that apply): CGFM CPA CIA Other: _____

Job Title _____ Organization _____

Street Address _____ City/State/ZIP Code _____

Phone _____ Email _____

Is this an AGA chapter event: No
 Yes Chapter _____

Registration Packages

Registration fee is per webinar, not per person. Select trainings from the list below and then select the corresponding package. Webinar titles are subject to change per speaker(s). Discount is taken off email/mail rate of \$375/webinar.

- | | |
|--|---|
| <input type="checkbox"/> Sept. 27, 2023 – Communications | <input type="checkbox"/> March 6, 2024 – RPA/AI |
| <input type="checkbox"/> Oct. 18, 2023 – Internal Control | <input type="checkbox"/> March 27, 2024 – Cybersecurity/ERM |
| <input type="checkbox"/> Nov. 8, 2023 – Ethics | <input type="checkbox"/> April 10, 2024 – Ethics |
| <input type="checkbox"/> Dec. 13, 2023 – Risk Management | <input type="checkbox"/> April 24, 2024 – CARES Act/ARPA |
| <input type="checkbox"/> Jan. 17, 2024 – Uniform Guidance & Grant Accounting | <input type="checkbox"/> May 8, 2024 – Fraud/Data Analytics |
| <input type="checkbox"/> Feb. 7, 2024 – GASB Update | <input type="checkbox"/> May 22, 2024 – Leadership |

4 to 7 webinars: \$337/each (10% discount) # of Webinars _____ × \$337 = \$ _____

8 to 12 webinars: \$281/each (25% discount) # of Webinars _____ × \$281 = \$ _____

Method of Payment

Payment must accompany this form to be processed and receive confirmation. Only U.S. dollars are accepted.

- Check or money order enclosed (made payable to AGA; please write AGA's invoice # on check).
 - Purchase order # _____ is enclosed. (Payment is required in advance of the training.)
 - Credit card: AMEX Discover MasterCard Visa
- Card Number _____ Exp. Date _____
Card Holder Name _____ Card Holder Signature _____
Email _____

Cancellation/Refund Policy

Refunds, less a \$25 processing fee per line, will be granted for requests received in writing by 5 p.m. ET, the Friday prior to each webinar. Refunds will not be granted after this date.

Send complete registration form to webinars@agacgfm.org or mail to 2208 Mount Vernon Ave., Alexandria, VA 22031

Questions? Please call 800.AGA.7211, ext. 322 or email webinars@agacgfm.org

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