

# Webinar Group Registration



This form is for organizations registering for 3 or fewer webinars.

## Registration Information

Please register the person who will be the site coordinator. This person will receive all materials including registration confirmation and 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 Fees

Register Online: \$349

Regular: \$375

Registration fee is per webinar, not per person. Webinar titles are subject to change per speaker(s).

- |  |  |
|--|--|
| <input type="checkbox"/> Sept. 9, 2026 – Communications                      | <input type="checkbox"/> Mar. 3, 2027 – Cyber Security         |
| <input type="checkbox"/> Oct. 14, 2026 – Uniform Guidance & Grant Accounting | <input type="checkbox"/> Mar. 24, 2027 – Process Intelligence  |
| <input type="checkbox"/> Nov. 18, 2026 – Ethics                              | <input type="checkbox"/> Apr. 7, 2027 – Ethics                 |
| <input type="checkbox"/> Dec. 9, 2026 – Internal Control                     | <input type="checkbox"/> April 21, 2027 – Data Analytics/Fraud |
| <input type="checkbox"/> Jan. 13, 2027 – AI                                  | <input type="checkbox"/> May 5, 2027 – Risk Management         |
| <input type="checkbox"/> Feb. 3, 2027 – GASB Update                          | <input type="checkbox"/> May 26, 2027 – Leadership             |

## 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](mailto:webinars@agacgfm.org) or mail to 2208 Mount Vernon Ave., Alexandria, VA 22031

Questions? Please call 800.AGA.7211, ext. 323 or email [webinars@agacgfm.org](mailto:webinars@agacgfm.org)

AGA Federal Tax ID #53-0217158