



2014 Professional Development Training

# REGISTRATION FORM

JULY 13-16, 2014

ORLANDO, FL

EARLY REGISTRATION DEADLINE: JUNE 13, 2014

### 3 Easy Ways to Register...



**ONLINE**  
www.agacgfm.org  
It's fast and secure  
Credit Cards Only



**EMAIL**  
meetings@agacgfm.org  
Credit Cards & POs Only



**MAIL**  
2208 Mount Vernon Avenue  
Alexandria, VA 22301  
All Payment Types



**QUESTIONS**  
For more information,  
contact 800.AGA.7211, ext. 322  
meetings@agacgfm.org

### Attendee Information

#### A Name and Contact Information

Full Name CHRISTY GLEASON

Nickname/First Name for Badge CHRISTY

Professional Designations (check all that apply):

CGFM  CPA  Ph.D.  Other \_\_\_\_\_

First-time attendee

AGA ID # \_\_\_\_\_

Job Title ACCOUNTANT

Organization MADISON CTY BOARD OF SUPERVISORS

Mailing Address PO BOX 608

City CANTON State MS ZIP Code 39046

Phone 601.813.5886

Email Christy.gleason@madison-co.com

This email address will be used for registration confirmations, training updates and badge pick-up instructions, and exhibitors and sponsors are also 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.

#### D Please Indicate Any Special Needs

Dietary:

Diabetic  Gluten-Free  Vegan

No Seafood  Shellfish Allergies  Vegetarian

Other \_\_\_\_\_

Physical: Please check here if you require special accommodations to participate in this event and provide a written description of your needs.

#### E In Case of Emergency During the Training, Please Contact:

Name CHRISTINE HENLEY

Phone 662.295.8880

### Registration Fees

Register online  
and save \$25!

	Early (By June 13)	Standard (After June 13)
AGA MEMBER	<input type="checkbox"/> \$800	<input type="checkbox"/> \$900
AGA NONMEMBER	<input checked="" type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,100

Add \$25 to the standard registration fee if you are registering on-site.

### Join AGA or Renew Today & Pay Discounted Rate

Member Dues:

Government: \$90\*

Private Sector: \$150\*

\*Plus Chapter Dues (where applicable).

Application Type:

New Member

Renewal

### Method of Payment

G Total Amount Due: \$ \_\_\_\_\_ (Include Membership Dues if Applicable)

Check Enclosed (Made payable to AGA).

Purchase Order # \_\_\_\_\_ is enclosed. Please send me an invoice.

American Express  Discover  MasterCard  VISA

Card Number \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Cardholder Email \_\_\_\_\_

Cardholder Phone \_\_\_\_\_

Cancellation/Refund Policy: Refunds, less a \$50 processing fee per registrant, will be granted for requests received in writing by June 27, 2014. Refunds will not be granted after this date. 'No shows' are responsible for full payment. Substitution Policy: If you are unable to attend the training event and have already registered, you may designate another person to take your place. Just complete a registration form for the new attendee and indicate the name of the individual that is being replaced. Membership status is not transferable. Additional fees may be required based on the replacement's membership status.

Source Code: RF14





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### A Name and Contact Information

Full Name MYRTIS SIMS

Nickname/First Name for Badge MYRTIS

Professional Designations (check all that apply):

CGFM  CPA  Ph.D.  Other \_\_\_\_\_

First-time attendee

AGA ID # \_\_\_\_\_

Job Title ASST COMPTROLLER

Organization MADISON CTY BOARD OF SUPERVISORS

Mailing Address PO BOX 608

City CANTON State MS ZIP Code 39046

Phone \_\_\_\_\_

Email \_\_\_\_\_

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### B Employer

Nonprofit  City  County  
 Federal  State  Student  
 Private  Academia  Retired

### C Responsibility Area

Academia  Information Systems  
 Accounting  Investigations  
 Administration  Legal  
 Auditing  Management/Admin  
 Budgeting  Performance Management  
 Consulting  Program Management  
 Financial Management  Other \_\_\_\_\_  
 Grants Management

### D Please Indicate Any Special Needs

Dietary:

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### Payment must accompany registration form!

Registration will NOT be processed or confirmed until payment or a copy of the purchase order is received. Issued POs must be paid before the cancellation date for registration to be valid. Only U.S. dollars are accepted. AGA Federal Tax ID #53-0217158