



# REGISTRATION FORM

2017 Fall Professional Development Training  
Friday, November 2-3, 2017  
RSA Activity Center  
Montgomery, AL



## THEME: "Accountability"

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title/Classification: \_\_\_\_\_

Agency/Company Name: \_\_\_\_\_

Circle all that apply: CGFM CPA CIA CFM CFE CMA CPM CFP

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency/Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PAYMENT INFORMATION

- REGISTRATION FEES:** \_\_\_\_\_ \$275 November 2<sup>nd</sup> & 3<sup>rd</sup> - Full Conference  
 \_\_\_\_\_ \$150 November 2<sup>nd</sup> Only – A New Look at Fraud for Auditors  
 \_\_\_\_\_ \$199 November 3<sup>rd</sup> Only – Being Accountable for Accountability

**Note:** Registration fees for the full conference or November 3<sup>rd</sup> PDT include AGA membership)

### METHOD OF PAYMENT:

Bill My Agency (Agency Name) \_\_\_\_\_

Agency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Agency PO Number \_\_\_\_\_ Phone Number \_\_\_\_\_

PERSONAL PAYMENTS: \_\_\_\_\_ Check # \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMX  
(Please log onto [www.montgomeryaga.com](http://www.montgomeryaga.com) for credit card payments)

## SUBMITTING INFORMATION

**MAIL REGISTRATION FORM TO:**

Association of Government Accountants

P.O. Box 1001

Montgomery, AL 36101

**SCAN FORM TO:** [Education@montgomeryaga.org](mailto:Education@montgomeryaga.org)

For additional information or methods of submitting the registration form, contact us at:

[education@montgomeryaga.org](mailto:education@montgomeryaga.org)