



REGISTRATION FORM

2018 Spring Professional Development Training

Friday, May 18, 2018
Hilton Garden Inn at Eastchase
Montgomery, AL

THEME: "Future Focused"

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: _____ \$ 90 Members (Attended Fall 2017 PDT and/or renewed membership for 2018-2018)
_____ \$199 Non Memembers (Did not attend the Fall PDT and/or renew 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 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

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

education@montgomeryaga.org