

To Register for the Symposium

Group Registration:

- Complete a registration form for each member of the group and submit it with a list of all registrants and a contact name and phone number for the group.
- Each registrant's individual form should check the method of payment being used.
- Each registrant should sign the form.

All Other Registrants:

- Complete and fax or mail attached registration form.
- Please be sure to sign the form in the space provided.
- Be sure to check off payment type.
- Pre-registration is encouraged; registration at the door costs more!

Cancellation Policy

- If a registrant cannot attend, substitutions will be accepted.
- Cancellations will be accepted through 4:00pm on April 20, 2009. Cancellations will only be accepted via fax or email.
- Cancellations received after this date and no-shows will be liable for payment in full.

I agree with the above terms of the cancellation policy.

Signature _____

Date _____

Fees:

Registration Type	Fee
Pre-Registered AGA/ASPA Members	\$105.00
Pre-Registered Non-Members	\$130.00
Day of Event (at the door, no credit cards)	\$150.00
Full-Time Students	\$75.00

Registration includes all presentations, continental breakfast, Morning and afternoon refreshments, and a full course buffet lunch.

- Make checks and vouchers (no credit cards - do not mail cash) payable to:
AGA - Trenton Chapter
Vendor ID # V530217158-03
- Pre-registrations must be received by Monday, April 20th. **No phone registrations will be accepted.**
- Send correspondence, faxes, payment and questions to:
AGA/ASPA Symposium
c/o Evelyn Richardson
Office of the State Auditor
PO Box 067
Trenton, NJ 08625-0067
Fax: 609-633-0834
Email: erichardson@njleg.org

Parking: Garage is adjacent to the hotel. The entrance is located on Warren Street.

Symposium Registration Form

Pre-registration Deadline: Monday April 20, 2009

Individual Information

Name:		
Title:		
Organization:		
Mailing Address:		
City:	State:	Zip:
Email:		
Phone:		
Total Enclosed:		

Mail to: AGA/ASPA Symposium
c/o Evelyn Richardson
Office of the State Auditor
PO Box 067
Trenton, NJ 08625-0067

Payment Method

NJ Check or payment voucher (Please enclose voucher)	<input type="checkbox"/>
Company Check	<input type="checkbox"/>
Personal Check	<input type="checkbox"/>

Credit for AGA Continuing Education, Municipal Clerks & Finance Officers

Level of Knowledge	Basic
Prerequisite	None
Advance Preparation	None
Recommended Credit	7 CPE Hours

Do you require a special meal or accommodations?

Please Explain:

Full Time Student Certification

School:
Major: Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/>
<i>I certify that I am a full time student in this program</i>
<i>Signature</i>

Registration Type	Fee	Select
Pre-registered AGA/ASPA Members Chapter: _____	\$105.00	<input type="checkbox"/>
Pre-registered non-members	\$130.00	<input type="checkbox"/>
Day of Event (at the door)	\$150.00	<input type="checkbox"/>
Full-Time Students <small>Must complete certification above</small>	\$75.00	<input type="checkbox"/>