

AGS CONFERENCE 2024

July 22 - 25, 2024 ~ Boston, MA

Registration Form

Name Last (Surname): _____ First _____ Middle Init. _____

First name/Nickname for badge _____ Company _____

Mailing address is my Home Business

Mailing Address _____ City _____

State/Province _____ Postal/Zip Code _____ Country _____

Daytime phone number: (_____) _____ FAX number: (_____) _____

Email: _____

Conference Registration

	BY JUNE 20	AFTER JUNE 20	
<input type="checkbox"/> CONFERENCE & WORKSHOP (MON. - THUR)	\$1050.00	\$1100.00	\$ _____
<input type="checkbox"/> CONFERENCE ONLY (MON. - WED.)	\$945.00	\$995.00	\$ _____
<input type="checkbox"/> THURSDAY WORKSHOP (THUR.)	\$295.00	\$345.00	\$ _____
<input type="checkbox"/> STUDENT RATE (MON. - WED.)	\$495.00	\$545.00	\$ _____
<input type="checkbox"/> HARBOR DINNER CRUISE - REGISTRANT PRICE	\$67.00		\$ _____
<input type="checkbox"/> HARBOR DINNER CRUISE - GUEST PRICE	\$135.00 X _____ # OF TIX =		\$ _____

Payment Information

TOTAL DUE \$ _____

Payment Enclosed: Check (Payable to "AGS") Credit Card (Visa/Mastercard/Amex)

CARD NUMBER: _____

EXP. DATE: _____ CVV#: _____ BILLING ZIP _____