



## Registration Form

Name Last (Surname): \_\_\_\_\_ First \_\_\_\_\_ Middle Init. \_\_\_\_\_

First name/Nickname for badge \_\_\_\_\_ Company or affiliation \_\_\_\_\_

Company Title or Position \_\_\_\_\_ Company Mail Code \_\_\_\_\_

Spouse's name (if attending) \_\_\_\_\_

Mailing address is my  Home  Business

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX number: ( \_\_\_\_\_ ) \_\_\_\_\_

Current AGS Member  Former AGS Member Email: \_\_\_\_\_

## Conference Registration

<input type="checkbox"/> CONFERENCE REGISTRATION	By June 14th \$ 845.00	After June 14th \$895.00	\$ _____
--	---------------------------	-----------------------------	----------

Payment Enclosed:  Check (Payable to "AGS")

Please Bill My:  MasterCard  Visa  AMEX

Expiration Date \_\_\_\_\_ CID # \_\_\_\_\_

Account Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please print or type, enclose payment and mail to:

### American Glovebox Society

526 South E Street  
Santa Rosa, CA 95404  
Telephone: (800) 530-1022  
Fax: (707) 578-4406  
www.gloveboxsociety.org  
ags@gloveboxsociety.org

**Continuing Education:** Contact AGS Office for information regarding continuing education credit.