



# Portland 2019 Registration

SEPTEMBER 8 - 11, 2019

*The Benson Hotel Portland, Oregon*

**A REGISTRATION FORM MUST BE SUBMITTED FOR EACH ATTENDEE**

\* Name \_\_\_\_\_ Nickname (for badge) \_\_\_\_\_  
 \* Title \_\_\_\_\_ Spouse (if attending) \_\_\_\_\_  
 \* Company/Airport \_\_\_\_\_ Address \_\_\_\_\_  
 \* City/State/Zip \_\_\_\_\_  
 \* Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 \* E-Mail Address (for confirmation and delegate list) \_\_\_\_\_

**REGISTER BY WEDNESDAY, AUGUST 7 TO SAVE**

**PAID ON OR BEFORE  
WEDNESDAY, AUGUST 7**

**AFTER MIDNIGHT  
WEDNESDAY, AUGUST 7**

AGTA Member	\$575 US	AGTA Member	\$ 675 US
Non-member	\$775 US	Non-member	\$ 875 US

\*\* Attending the Tuesday, September 10 AGTA reception and dinner? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**NOTE:** Above delegate registration fee includes delegate handouts, reception Sunday evening, breakfast, lunch and cocktails Monday; breakfast, lunch, and evening reception/association dinner Tuesday; and breakfast Wednesday.

- Delegate Monday OR Tuesday Single Day *Member Rate*: \$300 Specify day \_\_\_\_\_
- Delegate Monday OR Tuesday Single Day *Non-Member* \$400 Specify day \_\_\_\_\_
- Full Spouse/Guest registration: \$180 US Includes all activities below OR

Individual spouse activity fees:	Monday/Tuesday morning activities	\$ 40	_____
	Sunday evening welcome reception	\$ 45	_____
	Monday cocktail hour	\$ 20	_____
	Tuesday evening reception/dinner	\$ 75	_____

Indicate special assistance requirements or special dietary requirements here \_\_\_\_\_

**AGTA PORTLAND PAYMENT OPTIONS:**

- 1) **Fax** to 314-667-3850
- 2) **Mail** check in US funds only on US bank payable to AGTA, 1538 Powell Rd., Powell OH 43065.
- 3) **ACH electronic payment** (Contact Sandy at 314-753-3432 or [admin@agtaweb.org](mailto:admin@agtaweb.org) for information)
- 4) **To pay online, members can log in to <http://www.agtaweb.org>.** (Please scan a copy of your completed delegate contact information to ensure accuracy on the participant list -- **even if you have registered online!**)

**Charge to my:** MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ **Amount \$** \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CID \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zip code \_\_\_\_\_

**CANCELLATION POLICY:** All cancellations must be received in writing on or before **August 8** to receive 50% refund by check after the conference is over. NO refunds will be made after **August 8** except for a documented medical emergency. We are sorry, but we cannot credit cancellations to future meetings; however, substitute attendee(s) from the same company are permissible.

***A limited number of rooms are available. Reserve your room (\$184 s/d) before August 7 with this link:***  
<http://coa.st/bjk0>