



Accredited Gemologists Association

Please complete all fields. This information is used to update records or contact you regarding this conference. Thank you.

Name _____ AGA Member? Yes No
 Gem-A Member? Yes No

Address _____

City, State, Zip _____

Phone No _____

Email Address _____

2008 Las Vegas AGA Conference Fee
Member Prices are for AGA and Gem-A members

If you are a guest of a member, please print the name of the member here:

***List all persons registering for conference**

	<input type="checkbox"/> Member
	<input type="checkbox"/> Member
	<input type="checkbox"/> Member
	<input type="checkbox"/> Member
	<input type="checkbox"/> Member
	<input type="checkbox"/> Member
	<input type="checkbox"/> Member
	<input type="checkbox"/> Member

Number* of MEMBERS for **Conference** _____ @ \$75 = \$ _____

Number* of non-members for **Conference** _____ @ \$95 = \$ _____

Total \$ _____

Step 1: Complete & Send This Registration Form

Mail: AGA % G-Force Services
3315 Juanita Street
San Diego, CA 92105-3809

FAX: 480-247-5958

Step 2: Make Payment

Check or Money Order Enclosed

Credit Card – Online Only:
www.accreditedgemologists.org