

Registration Fees

AFGMI Members

Per Person.....\$ 45.00

Check Location Attending:

___ March 11 Indianapolis

___ March 12 Plymouth

2008 AFGMI Winter Workshop Registration

Organization: _____

Address: _____

City/State/Zip: _____

Contact: _____

Phone: (____) _____

List of those attending:

Total Amount Enclosed: \$ _____

Make checks payable to:
AFGMI • PO Box 481 • Carmel, IN 46082