Winter Professional Development Training

AGA MID-MISSOURI CHAPTER

CGFM

December 6, 2016

The Millbottom
400 West Main Street
Jefferson City, MO

Early Registration Deadline: Nov 20, 2016



ONLINE PREFERRED
www.midmoaga.org
It's fast and secure



MAIL
PO Box 1104
Jefferson City, MO 65109
Checks Only



QUESTIONS
Contact Amanda Sifford
573.522.6857
amanda.sifford@dnr.mo.gov

Training Schedule

7:30 a.m. – 8:00 a.m.	Registration Open – *Refreshments and Food*
8:00 a.m. – 8:10 a.m.	Welcome and Opening Remarks
8:10 a.m. – 9:00 a.m.	**"Legislative, Update"** Mickey Wilson, Legislative Oversight
9:00 a.m. – 9:50 a.m.	**"Workplace Investigations"** Amy Roderick, Office of Inspector General, Missouri Department of Corrections
9:50 a.m. – 10:05 a.m.	Networking Break
10:05 a.m. – 10:30 a.m.	**"Citizen Centric Report"** Tracy Farris, Missouri Department of Natural Resources
10:30 a.m. – 12:00 p.m.	**"Fair Labor Standard Update"** Malcolm Smith, US Department of Labor
12:00 p.m. – 1:00 p.m.	Lunch
1:00 p.m. – 1:50 p.m.	**"E3: Enhancing Efficiency and Effectiveness"** Todd Sampsell and Ginny Wallace, Missouri Department of Natural Resources
1:55 p.m. – 2:45 p.m.	**"State Bonding Requirements"** Karen Massey, Environmental Improvement and Energy Resources Authority
2:45 p.m. – 3:00 pm.	Networking Break
3:00 p.m. – 4:45 p.m.	**"Ethics"** Dr. Jeffrey Freelin, Lincoln University

8 Continuing Professional Education Hours Available

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WINTER PDT REGISTRATION FORM

(Conference Invoice)

CGFM

Attendee Information

Name and Address

Full Name _____

Nickname/First Name for Badge _____

Professional Designation (check all that apply):

☐ CGFM ☐ CPA ☐ Other _____

Job Title _____

Organization _____

Mailing Address _____

_____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

This e-mail address will be used for registration confirmations, conference updates. We will NOT sell your e-mail address.

Employer

☐ Federal ☐ State ☐ County ☐ City

☐ Private ☐ Academia ☐ Student ☐ Retired

Responsibility Area

☐ Accounting ☐ Administration

☐ Auditing ☐ Budgeting

☐ Consulting ☐ Contract Management

☐ Finance ☐ Financial Management

☐ Grants Management ☐ Information Systems

☐ Legal ☐ Management

☐ Program Management ☐ Other

Please Indicate Any Special Needs

☐ Diabetic ☐ Vegetarian

☐ Other _____

In Case of Emergency During the Conference, Contact:

Name _____

Daytime Phone _____

Evening Phone _____

Registration Fees

	Early	Standard
	By: Nov 20	**After:** Nov 20
AGA MEMBER	☐ $140	☐ $160
NONMEMBER	☐ $240	☐ $260
RETIRED MEMBER		☐ $80

Method of Payments

☐ **Paper Check and Registration Form**

(Made payable to Mid-MO AGA)

☐ **Purchase Order #** _____ **is enclosed.**

☐ **Discover** ☐ **MasterCard** ☐ **VISA**

Card Number _____

Exp Date _____ CVV# _____

Cardholder Name _____

Cardholder Address _____

Cardholder Signature _____

Cardholder Phone _____

SAM II Vendor Code: 43121818201

Cancellation/Refund Policy: Refunds will be granted for requests received in writing by **November 27, 2016**. Refund will not be granted after this date. No shows are responsible for full payment. **Substitution Policy:** If you are unable to attend the conference and have already registered, you may designate another person to take your place. Notify Amanda Sifford prior to the conference (573.522.6857) or inform the registration desk of the change.

Mailing Address: Mid-MO AGA; Attn: Membership Training; PO Box 1104; Jefferson City, MO 65109-1104