



REGISTRATION FORM

Please complete and return the Registration Application, with the appropriate payment or purchase order, on or before September 11, 2020. Forms may be returned via email to conferences@nmac.org, or mail to the address below. For additional information, or to register online at usconferenceaids.org.

USCH Registration
 NMAC, 1000 Vermont Ave. NW Suite 200
 Washington, DC 20005

Disclaimer:

Registration contact information may be shared with conference sponsors.

PRINT CLEARLY	1 First Name		Last Name	
	Title		Organization	
	Address			
	City		State	Zip
	Country (if not U.S.)	Telephone	Fax	
	Email			

Demographic Information

This information is used to better serve you and is not required.

PRINT CLEARLY	2	AGE RANGE <input type="checkbox"/> Under 20 <input type="checkbox"/> 20 - 24 <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65+	GENDER IDENTITY <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> FTM or Trans Man <input type="checkbox"/> MTF or Trans Woman <input type="checkbox"/> Gender Queer <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Androgynous <input type="checkbox"/> Cross Dresser <input type="checkbox"/> Two Spirit <input type="checkbox"/> Not Listed <input type="checkbox"/> Prefer Not to Disclose	SEXUAL ORIENTATION <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Two Spirit <input type="checkbox"/> Same Gender Loving <input type="checkbox"/> Asexual <input type="checkbox"/> Not Listed <input type="checkbox"/> Prefer Not to Disclose	3 SPECIAL NEEDS <input type="checkbox"/> Kosher Meal <input type="checkbox"/> Vegetarian Meal <input type="checkbox"/> Spanish Translation <input type="checkbox"/> Wheel Chair Access <input type="checkbox"/> Sign Interpretation <input type="checkbox"/> Other (please see list below) _____ _____ _____ _____ _____
		HIV STATUS <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared	ETHNICITY _____		

Registration + Payment

Make all checks, money orders, and purchase orders payable to "NMAC"

PRINT CLEARLY	4	REGISTRATION TYPE Note that membership is verified before badges are printed.	Non- NMAC Member <input type="checkbox"/> \$625 until July 10, 2020 <input type="checkbox"/> \$705 until Sept 11, 2020 <input type="checkbox"/> \$850 On-Site Fee	NMAC Member <input type="checkbox"/> \$490 until July 10, 2020 <input type="checkbox"/> \$600 until Sept 11, 2020 <input type="checkbox"/> \$850 On-Site Fee	Federal Employee <input type="checkbox"/> \$595
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PRINT CLEARLY	Payment Type	Check	Money Order	Purchase Order	Total Amount Enclosed	
	Credit Card	Visa	MC	AMEX	Discover	Card Holder's Name (As shown on the card)
	Account Number					CVV#
	Expiration Date	/ /				Today's Date
	Signature					

Purchase Order: Attach two copies of the completed purchase order to this Registration Application

Sign Here

AGREEMENT

By purchasing your registration, you agree to the Terms of Service, Privacy Policy, and 2020 USCH Registration Policy found on usconferenceaids.org. Written cancellations emailed to conferences@nmac.org on or before September 15, 2020, by 5pm (EDT) will be honored in full, less a \$150.00 processing fee. Refunds will NOT be issued for cancellations postmarked or faxed after this date.

5 Authorized Signature: _____ Date: _____