



REGISTRATION FORM

Please complete and return the Registration Application, with the appropriate payment or purchase order, on or before November 5, 2021. Forms may be returned via email to conferences@nmac.org, or mail to the address below. For additional information, or to register online at <https://uscha.life/registration>.

USCHA 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"/> 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"/> Spanish Translation <input type="checkbox"/> Sign Interpretation <input type="checkbox"/> Other (please see list below) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
	HIV STATUS <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared	ETHNICITY <input type="text"/>			

Registration + Payment

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

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

PRINT CLEARLY	4	REGISTRATION TYPE General Registration <input type="checkbox"/> Price \$295 until Nov 5, 2021 <input type="checkbox"/> Price \$395 after Nov 5, 2021	Youth Rate (under 25) <input type="checkbox"/> Price \$147.50 until Nov 5, 2021 <input type="checkbox"/> Price \$197.50 after Nov 5, 2021
---------------	---	---	--

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					

Sign Here

AGREEMENT

By purchasing your registration, you agree to the Terms of Service, Privacy Policy, and 2021 USCHA Registration Policy found on <https://uscha.life>. Written cancellations emailed to conferences@nmac.org on or before November 5, 2021 by 5:00pm (EDT), will be honored in full, less a \$50.00 processing fee. Refunds will NOT be issued for cancellations received after this date. Refunds will NOT be issued for cancellations postmarked or faxed after this date.

The confidentiality of contact and demographic details provided on this form – including name, mailing address, zip code, telephone number, gender, and HIV-status cannot be guaranteed. The registration and scholarship selection processes often require that information provided on forms be shared with NMAC Staff, program partners, and corporate sponsors.

5 Authorized Signature: _____ Date: _____