



REGISTRATION FORM

Please complete and return the Registration Application, with the appropriate payment or purchase order, on or before October 8, 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.

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)
HIV STATUS <input type="checkbox"/> Person Living with HIV <input type="checkbox"/> Person not Living with HIV <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

REGISTRATION TYPE

Note that membership is verified before badges are printed.

General Registration

☐ Price \$295 until Nov 5, 2021
☐ Price \$395 after Nov 5, 2021

Youth Rate (under 25)

☐ Price \$147.50 until Nov 5, 2021
☐ Price \$197.50 after Nov 5, 2021

PRINT CLEARLY	Payment Type			Total Amount Enclosed
	Check	Money Order	Purchase Order	
	Credit Card			Card Holder's Name (As shown on the card)
	Visa	MC	AMEX	Discover
	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: _____