



REGISTRATION FORM

Please complete and return the registration form, with the appropriate payment or purchase order, on or before September 9, 2022. Forms may be returned via email to conferences@nmac.org, or mailed to the address below. For additional information, or to register online, visit <https://uscha.life/>.

2022 USCHA
 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	
	Email			

Demographic Information

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

<p>② AGE RANGE</p> <p><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+</p> <p>HIV STATUS</p> <p><input type="checkbox"/> Person living with HIV <input type="checkbox"/> Person living without HIV <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared</p>	<p>GENDER IDENTITY</p> <p><input type="checkbox"/> Cisgender Man <input type="checkbox"/> Cisgender Woman <input type="checkbox"/> Genderqueer <input type="checkbox"/> Gender Non-binary <input type="checkbox"/> Gender Non-conforming <input type="checkbox"/> Man <input type="checkbox"/> Transgender Man/Trans Man <input type="checkbox"/> Transgender Woman/Trans Woman <input type="checkbox"/> Two Spirit <input type="checkbox"/> Woman <input type="checkbox"/> Not Listed <input type="checkbox"/> Prefer Not to Disclose</p> <p>ETHNICITY</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>SEXUAL ORIENTATION</p> <p><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"/> Other <input type="checkbox"/> Prefer Not to Disclose</p>	<p>③ Special Needs</p> <p><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 list below)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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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	REGISTRATION TYPE		Non- NMAC Member	NMAC Member	Federal Employee	
	Note that membership is verified before badges are printed.		<input type="checkbox"/> \$625 until July 15, 2022 <input type="checkbox"/> \$705 until Sept 9, 2022 <input type="checkbox"/> \$850 On-Site Fee	<input type="checkbox"/> \$490 until July 15, 2022 <input type="checkbox"/> \$600 until Sept 9, 2022 <input type="checkbox"/> \$850 On-Site Fee	<input type="checkbox"/> \$595	
	Payment Type		Total Amount Enclosed			
	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Purchase Order <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover		Card Holder's Name (As shown on the card)			
	Account Number		CVV#			
	Expiration Date / /		Today's Date / /			
Signature						

AGREEMENT

By purchasing your registration, you agree to the Terms of Service, Privacy Policy, and 2022 USCHA Registration Policy found on <https://uscha.life/>. Written cancellations emailed to conferences@nmac.org on or before September 16, 2022, by 5:00 pm (EDT), will be honored in full, less a \$150.00 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.

Sign Here

Authorized Signature: _____ Date: _____