

# REGISTRATION FORM

Please complete and return the registration form, with the appropriate payment, on or before August 4, 2023. Forms may be returned via email to [conferences@nmac.org](mailto:conferences@nmac.org), or mail to the address below by August 4, 2023. For additional information, or to register online, visit <https://uscha.life>.

2023 USCHA  
NMAC  
1000 Vermont Ave. NW Suite 200  
Washington, DC 20005

## Disclaimer:

Registration contact information may be shared with conference sponsors.

PRINT CLEARLY	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.

<b>② AGE RANGE</b> <input type="checkbox"/> Under 20 <input type="checkbox"/> 20 - 25 <input type="checkbox"/> 26 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65+  <b>HIV STATUS</b> <input type="checkbox"/> Person living with HIV <input type="checkbox"/> Person living without HIV <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared	<b>GENDER IDENTITY</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Non-binary <input type="checkbox"/> Trans <input type="checkbox"/> Two Spirit <input type="checkbox"/> Cisgender <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Not Listed  <b>Racial Identity</b> <input type="text"/>	<b>SEXUAL ORIENTATION</b> <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bi+ <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"/> Pansexual <input type="checkbox"/> Prefer Not to Disclose	<b>③ Special Needs</b> <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) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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	<b>④ REGISTRATION TYPE</b> Note that membership is verified before badges are printed.		<b>Non- NMAC Member</b> <input type="checkbox"/> \$670 until June 19, 2023 <input type="checkbox"/> \$755 until Aug 4, 2023 <input type="checkbox"/> \$875 Late Registration Fee	<b>NMAC Member</b> <input type="checkbox"/> \$525 until June 19, 2023 <input type="checkbox"/> \$645 until Aug 4, 2023 <input type="checkbox"/> \$875 Late Registration Fee	<b>Federal Employee</b> <input type="checkbox"/> \$640 until June 19, 2023 <input type="checkbox"/> \$685 until Aug 4, 2023 <input type="checkbox"/> \$875 Late Registration Fee
	Payment Type		Total Amount Enclosed		
	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Purchase Order		Card Holder's Name (As shown on the card)		
	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover		CVV#		
	Account Number		Today's Date		
	Expiration Date		/ /		
Signature					

## AGREEMENT

By purchasing your registration, you agree to the Terms of Service, Privacy Policy, and 2023 USCHA Registration Policy found on <https://uscha.life>. Written cancellations emailed to [conferences@nmac.org](mailto:conferences@nmac.org) on or before Aug 11, 2023, 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.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Here