



REGISTRATION FORM

Please complete and return the registration form, with the appropriate payment, on or before August 5, 2024. Forms may be returned via email to conferences@nmac.org, or mail to the address below by August 5, 2024. For additional information, or to register online, visit <https://uscha.life>.

2024 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.

② AGE RANGE <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+ HIV STATUS <input type="checkbox"/> Person living with HIV <input type="checkbox"/> Person living without HIV Unknown <input type="checkbox"/> Undeclared	GENDER IDENTITY <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 Racial Identity <input type="text"/>	SEXUAL ORIENTATION <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	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 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"

REGISTRATION TYPE	Non- NMAC Member	NMAC Member	Federal Employee
Note that membership is verified before badges are printed.	<input type="checkbox"/> \$735 until June 17, 2024	<input type="checkbox"/> \$575 until June 17, 2024	<input type="checkbox"/> \$705 until June 17, 2024
	<input type="checkbox"/> \$830 until Aug 5, 2024	<input type="checkbox"/> \$710 until Aug 5, 2024	<input type="checkbox"/> \$755 until Aug 5, 2024
	<input type="checkbox"/> \$875 Late Registration Fee	<input type="checkbox"/> \$875 Late Registration Fee	<input type="checkbox"/> \$875 Late Registration Fee

Purchase Order:

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

PRINT CLEARLY	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			
	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 2024 USCHA Registration Policy found on <https://uscha.life>. Written cancellations emailed to conferences@nmac.org on or before Aug 12, 2024, 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: _____