



# REGISTRATION FORM

Please complete and return the registration form, with the appropriate payment, on or before July 28, 2025. Forms may be returned via email to [conferences@nmac.org](mailto:conferences@nmac.org), or mail to the address below by July 28, 2025. For additional information, or to register online, visit [www.nmac.org](http://www.nmac.org).

**2025 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 <b>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 Unknown <input type="checkbox"/> Undeclared	<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>Racial Identity</b> <input type="text"/>	③ <b>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"/>
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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>REGISTRATION TYPE</b> Note that membership is verified before badges are printed.			<b>Non- NMAC Member</b> <input type="checkbox"/> \$735 until June 23, 2025 <input type="checkbox"/> \$830 until July 28, 2025 <input type="checkbox"/> \$875 Late Registration Fee	<b>NMAC Member</b> <input type="checkbox"/> \$575 until June 23, 2025 <input type="checkbox"/> \$710 until July 28, 2025 <input type="checkbox"/> \$875 Late Registration Fee	<b>Federal Employee</b> <input type="checkbox"/> \$705 until June 23, 2025 <input type="checkbox"/> \$755 until July 28, 2025 <input type="checkbox"/> \$875 Late Registration Fee
	Payment Type <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Purchase Order		Total Amount Enclosed			
Credit Card <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 2025 USCHA Registration Policy found on [www.nmac.org](http://www.nmac.org). Written cancellations emailed to [conferences@nmac.org](mailto:conferences@nmac.org) on or before August 4, 2025, 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: \_\_\_\_\_