



REGISTRATION FORM

Please complete and return the registration form, along with the appropriate payment, no later than July 31, 2026. Completed forms may be submitted via email to conferences@nmac.org or mailed to the address listed below but the same deadline. For additional information or to register online, please visit www.nmac.org

2026 USCHA
NMAC
 1050 Connecticut Ave, NW Suite 500
 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	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 Racial Identity <input type="text"/>	③ SpecialNeeds <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

REGISTRATION TYPE	Non- NMAC Member	NMAC Member	Federal Employee
Note that membership is verified before badges are printed.	<input type="checkbox"/> \$800 until June 29, 2026 <input type="checkbox"/> \$895 until July 31, 2026 <input type="checkbox"/> \$925 Late Registration Fee	<input type="checkbox"/> \$675 until June 29, 2026 <input type="checkbox"/> \$750 until July 31, 2026 <input type="checkbox"/> \$925 Late Registration Fee	\$705 until June 29, 2026 \$755 until July 31, 2026 \$925 Late Registration Fee

PRINT CLEARLY	Payment Type				Total Amount Enclosed	
	Check		Money Order	Purchase Order		Card Holder's Name (As shown on the card)
	Visa	MC	AMEX	Discover		
	Account Number					CVV#
	Expiration Date					Today's Date
	/ /					/ /
Signature						

AGREEMENT

By submitting this registration form, the attendee acknowledges and agrees that the confidentiality of the contact and demographic information provided—including, but not limited to, name, mailing address, zip code, telephone number, gender, and HIV status—cannot be guaranteed. Information collected through this form may be used by NMAC for the purposes of program registration, program support administration, and related organizational activities. As part of these processes, such information may be disclosed to NMAC staff, program partners, and corporate sponsors as necessary for the administration, evaluation, and implementation of related programs. By proceeding with this submission, the applicant consents to the collection, use, and limited disclosure of their information as described above. Written cancellations postmarked or emailed on or before August 17, 2026, by 5:00 pm (EDT), will be honored in full, less a \$150.00 processing fee. Refunds will NOT be issued for cancellations postmarked or faxed after this date. Cancellation requests may be emailed to conferences@nmac.org.

Sign Here

Authorized Signature: _____ Date: _____