



# REGISTRATION FORM

Please complete and return the Registration Application, with the appropriate payment or purchase order, on or before August 9, 2019. Forms may be returned via email to [conferences@nmac.org](mailto:conferences@nmac.org), or mail to the address below. For additional information, or to register online, visit [www.2019USCA.org](http://www.2019USCA.org).

USCA Registration  
 NMAC, 1000 Vermont Ave. NW  
 Suite 200 Washington, DC 20005

## Name, Address Organization

Please Note: Be sure to print clearly or type—registration badges are printed only from form entries. Photocopied submissions are okay.

PRINT CLEARLY	1 First Name		Last Name		
	Title		Organization		
	Address				
	City		State	Zip	
	Country (if not U.S.)	Telephone		Fax	
	Email				

## Demographic Information

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

PRINT CLEARLY	2	<b>AGE RANGE</b> <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+	<b>GENDER IDENTITY</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> FTM or Trans Man <input type="checkbox"/> MTF or Trans Woman <input type="checkbox"/> Gender Queer <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Androgynous <input type="checkbox"/> Cross Dresser <input type="checkbox"/> Two Spirit <input type="checkbox"/> Not Listed <input type="checkbox"/> Prefer Not to Disclose	<b>SEXUAL ORIENTATION</b> <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"/> Not Listed <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 see list below) _____ _____ _____ _____ _____
		<b>HIV STATUS</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared	<b>ETHNICITY</b> _____		

## Registration + Payment

Make all checks, money orders, and purchase orders payable to "NMAC"

4	<b>REGISTRATION TYPE</b> Note that membership is verified before badges are printed.	<b>Non- NMAC Member</b> <input type="checkbox"/> \$615 until June 7, 2019 <input type="checkbox"/> \$705 until August 9, 2019 <input type="checkbox"/> \$840 On-Site Fee	<b>NMAC Member</b> <input type="checkbox"/> \$485 until June 7, 2019 <input type="checkbox"/> \$595 until August 9, 2019 <input type="checkbox"/> \$840 On-Site Fee	<b>Federal Employee</b> <input type="checkbox"/> \$575
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PRINT CLEARLY	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	

**Purchase Order:** Attach two copies of the completed purchase order to this Registration Application

**Sign Here**

## AGREEMENT

By purchasing your ticket, you agree to the Terms of Service, Privacy Policy, and 2019 USCA Registration Policy found on [www.2019usca.org](http://www.2019usca.org). Written cancellations emailed to [conferences@nmac.org](mailto:conferences@nmac.org) on or before August 16, 2019, 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.

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