REGISTRATION FORM

ACCELERATING THE MARCH TOWARD HEALTH EQUITY

National Medical Association

National Colloquium on African American Health

March 24-27 2023

PLEASE PRINT:

Name

Prefix *Last Name* *First Name* *Middle Initial* *Suffix*

Address

City State ZIP Code

Telephone Fax

Email Address

☐ Please check this box if you require special assistance or have dietary restrictions, and include a written description of your needs. We will do our best to accommodate your request.

REGISTRATION FEES (DEADLINE 3/20/2023)

☐ Active 2023 NMA member - waived*
☐ Non-NMA member - $100
☐ Active 2023 ANMA member - waived*
☐ Active 2023 SNMA member - waived*

* Registration waived for Members who pay NMA/ANMA/SNMA dues by March 19, 2023.

☐ Non-member Resident - $40 *(identification required)*
☐ Non-member medical student - $40 *(identification required)*
☐ Guest - $75
☐ Donate to the NMA - $ _____

ATTENDANCE

This is an in-person meeting.

HOTEL INFORMATION

The conference hotel is the Mayflower Hotel, 1127 Connecticut Ave., NW, Washington, DC 20036, 202-347-3000. Room rates start at $249/night + taxes and fees. Make your reservation by March 3, 2023. To secure hotel accommodations please visit: https://bit.ly/nmacolloquium or call 877-212-5752. **Limited room block, please make your reservation now!**

CANCELLATION AND REFUND POLICY

Refund requests of registration fees paid will be honored, minus a $25 processing fee, if received in writing on or before March 12, 2023. No refunds will be given after March 11, 2023. No-shows, including but not limited to canceled or delayed travel, are non-refundable. Substitutions are permitted at any time, and should be submitted in writing. Please contact the Mayflower for all cancellations, refund requests, or other issues related to housing.

COVID-19 POLICY

Covid-19 Policy: All attendees (and exhibitors) will be required to show proof of full vaccination plus booster, if eligible. Masks will also be required while participating at Colloquium 2023. Please submit a photo of your COVID-19 vaccination card to memberservices@nmanet.org.

COVID-19 Vax (Date) #1_____ #2_____ Booster_____

PAYMENT

(We must receive payment in full with your completed registration form to confirm your registration.)

Total Amount Due - $ _____

Please select your payment type: ☐ Check (US Dollars – Made payable to National Medical Association)
☐ Credit Card: ☐ VISA ☐ American Express ☐ MasterCard ☐ Discover

Card # Expiration Date Security Code

Billing Address

City State ZIP Code

Cardholder Name

COMPLETE

Questions: Call 202-347-1895. Fax completed form with credit card payment to 301-495-0359, or email: ajohnson@nmanet.org, or mail to: National Medical Association, 8403 Colesville Road, Suite 820, Silver Spring, MD 20910 or **online at www.nmanet.org**