WASHINGTON, DC • MARCH 9–12, 2018

THE URGENCY OF NOW

CREATING A CULTURE OF HEALTH EQUITY

REGISTRATION FORM

NINETEENTH *National Colloquium on* AFRICAN AMERICAN HEALTH

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 3/1/2018)

** Registration waived for Members who pay NMA/ANMA/SNMA dues by March 1, 2018.*

☐ Current 2018 NMA member - waived*
☐ Non-Current 2018 NMA Member - $100
☐ Non-NMA member - $100
☐ Current 2018 ANMA member - waived*
☐ Current 2018 SNMA member - waived*
☐ Guest - $75
☐ Non-SNMA Residents and Medical Students *(identification required)* - $40
☐ Donate to the NMA - $ _____

CME ATTENDANCE

☐ I plan to participate in sessions for continuing medical education credit.

HOTEL INFORMATION

The conference hotel is the Mayflower Hotel, 1127 Connecticut Ave., NW, Washington, DC 20036, 202-347-3000. Room rates start at $185/night + taxes and fees. To secure hotel accommodations please visit: https://aws.passkey.com/e/49545289 or call toll-free: 877-212-5752. **Please make your reservations by 2/8/2018.**

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 February 28, 2018. No refunds will be given after March 1, 2018. No-shows, including but not limited to cancelled 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.

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

National Medical Association