

MARCH 29 –  
APRIL 1, 2019

WASHINGTON,  
DC

TWENTIETH  
*National  
Colloquium on*  
AFRICAN  
AMERICAN  
HEALTH



## REGISTRATION FORM

### 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 3/21/2019)

- |  |   |
|--|---|
| <input type="checkbox"/> Current 2019 NMA member - waived*   | <input type="checkbox"/> Guest - \$75   |
| <input type="checkbox"/> Non-Current 2019 NMA Member - \$100 | <input type="checkbox"/> Non-SNMA Residents and Medical Students (identification required) - \$40 |
| <input type="checkbox"/> Non-NMA member - \$100              | <input type="checkbox"/> Donate to the NMA - \$ _____   |
| <input type="checkbox"/> Current 2019 ANMA member - waived*  |   |
| <input type="checkbox"/> Current 2019 SNMA member - waived*  |   |

\* Registration waived for Members who pay NMA/ANMA/SNMA dues by March 21, 2019.

### HOD Attendance

- ☐ I plan to participate in the House of Delegates Interim Meeting on Sunday 3/31/2019

### Hill Day Attendance

- ☐ I plan to participate in visit to Capitol Hill on Monday 4/1/2019

### HOTEL INFORMATION

The conference hotel is the Mayflower Hotel (part of Marriott's Autograph Collection), 1127 Connecticut Ave., NW, Washington, DC 20036. Room rates start at \$189/night + taxes and fees. To secure hotel accommodations, please visit: <https://book.passkey.com/e/49751831> or call 877-212-5752. **Please make your reservations by 2/26/2019.**

### 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 15, 2019. No refunds will be given after March 15, 2019. 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](mailto:ajohnson@nmanet.org), or **mail to:** National Medical Association, 8403 Colesville Road, Suite 820, Silver Spring, MD 20910. or **online at** [www.nmanet.org](http://www.nmanet.org)



National  
Medical  
Association