



7th National UOAA Conference
August 6-10, 2019
Philadelphia 201 Hotel, Philadelphia, PA

REGISTRATION FORM

Fax: 888-747-9655 ♦ Mail: UOAA, PO Box 525, Kennebunk ME 04043 ♦ Email: oa@ostomy.org

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Have I attended a UOAA National Conference in the past? Yes or No

I have a: Colostomy Ileostomy Urostomy Continent Diversion

I had my present ostomy surgery in (year): _____

I do not have an ostomy but am a: Medical Professional Family Member Other _____

Please list the name(s) of any additional registrant(s):

*This rate includes a \$15 processing fee. To avoid this fee, please register online at www.ostomy.org.

***Registration Fee Per Registrant:**

| Early Bird (through 5/31/2019) | Regular (received after 5/31/2019) |
|--|--|
| <input type="checkbox"/> Individual = \$165 x _____ | <input type="checkbox"/> Individual = \$190 x _____ |
| <input type="checkbox"/> Young Adult (18 - 25) = \$135 x _____ | <input type="checkbox"/> Young Adult (18 - 25) = \$160 x _____ |
| <input type="checkbox"/> Children (5 - 17) = \$25 x _____ | <input type="checkbox"/> Children (5 - 17) = \$25 x _____ |
| <input type="checkbox"/> 1 Day Rate = \$115 x _____ | <input type="checkbox"/> 1 Day Rate = \$140 x _____ |
| Date: _____ | Date: _____ |

Total Number of Registrants _____ Total Registration Fee: \$ _____

Check payable to United Ostomy Associations of America or UOAA
 Mail to: P.O. Box 525, Kennebunk, ME 04043



Visa MasterCard Discover American Express

Credit Card# _____ Exp. Date _____ CVC Code _____

Name on Card _____ Signature _____

Cancellation Policy:

Cancellation received on or before 5/31/2019 = Refund of Registration Fee minus \$25 processing fee
 Cancellation received 6/1/2019 – 6/30/2019 = Refund of Registration Fee minus \$50 processing fee
 Cancellation received on or after 7/1/2019 = No Refund

Questions? Contact UOAA at 800-826-0826 or email oa@ostomy.org