



**8<sup>th</sup> National UOAA Conference**  
**August 10-12, 2023**  
**Royal Sonesta Houston Galleria, Houston, TX**

# REGISTRATION FORM

**Fax: 888-747-9655 ♦ Mail: UOAA, PO Box 525, Kennebunk ME 04043 ♦ Email: [info@ostomy.org](mailto:info@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) (a signed waiver is required for each registrant):

\_\_\_\_\_

**\*Registration Fee Per Registrant:**

**\*This rate includes a \$15 processing fee. To avoid this fee, please register online at [www.ostomy.org](http://www.ostomy.org).**

Early Bird (through 5/31/2023)	Regular (received after 5/31/2023)
<input type="checkbox"/> Individual = \$195 x _____	<input type="checkbox"/> Individual = \$210 x _____
<input type="checkbox"/> Young Adult (18 - 25) = \$150 x _____	<input type="checkbox"/> Young Adult (18 - 25) = \$165 x _____
<input type="checkbox"/> Children (5 - 17) = \$25 x _____	<input type="checkbox"/> Children (5 - 17) = \$25 x _____
<input type="checkbox"/> 1 Day Rate = \$140 x _____ Date: _____	<input type="checkbox"/> 1 Day Rate = \$155 x _____ 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

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Cancellation Policy:**

Cancellation received on or before 5/31/2023 = Refund of Registration Fee minus \$25 processing fee  
 Cancellation received 6/1/2023 – 6/30/2023 = Refund of Registration Fee minus \$50 processing fee  
 Cancellation received on or after 7/1/2023 = No Refund

**Questions? Contact UOAA at 800-826-0826 or email [info@ostomy.org](mailto:info@ostomy.org)**

# UOAA 8<sup>th</sup> NATIONAL CONFERENCE

## Health & Safety Waiver and Assumption of Risk

*Please make additional copies as needed for each registrant.*

I acknowledge that I am voluntarily attending UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.'s (hereinafter referred to as "UOAA") 8th NATIONAL CONFERENCE held on August 10-12, 2023 in Houston, Texas.

By submitting my registration or participating in the Conference I acknowledge the highly contagious nature of COVID-19 and its variants (collectively referred to here as "COVID-19"), and that a risk of exposure to COVID-19 exists in any public place where people are present. I understand that the risk of becoming exposed to or infected by COVID-19 during or after the Conference may result from the actions or inactions of others who may attend the meeting or their families, colleagues, or anyone else with whom they may have contact.

By attending UOAA's 8th NATIONAL CONFERENCE I acknowledge that I have or will have:

- Received a valid vaccination against COVID-19; or
- Tested negative for COVID-19 within the last 72 hours prior to attending the conference

For purposes of UOAA's 8th NATIONAL CONFERENCE, you are considered vaccinated against COVID-19 two weeks after the second dose in a two-dose series, such as the Pfizer or Moderna vaccines, or two weeks after a single dose vaccine, such as Johnson & Johnson's Janssen vaccine.

In addition, by attending UOAA'S 8th NATIONAL CONFERENCE, I agree to comply with all COVID-19 related procedures during the Conference and understand that I may be required to participate in collection of data for contact tracing purposes.

I acknowledge that UOAA and/or the National Conference venue (Royal Sonesta Houston Galleria) may remove me from the meeting (without any compensation to me) if I fail to cooperate in any way.

BY ATTENDING UOAA'S 8th NATIONAL CONFERENCE, I (AND ANYONE REGISTERED WITH ME) VOLUNTARILY ASSUME ALL RISKS RELATED TO EXPOSURE TO COVID-19, AND I (WE) HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS AND DEMANDS OF WHATEVER KIND OF NATURE AGAINST UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC. (UOAA), AND ITS AFFILIATED PARTNERS, EXHIBITORS AND SPONSORS INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE 'RELEASED PARTIES'), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT LIMITED TO DAMAGES OR LOSSES BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHETHER DUE TO COVID-19 OR ANY OTHER CAUSE, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION IN THE CONFERENCE.

Registrant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signing for registrant under the age of 18.