

9th National UOAA Conference August 14 - 16, 2025 Hyatt Regency Grand Cypress Resort, Orlando, FL

REGISTRATION FORM

Fax: 888-747-9655 * Mail: UOAA, PO Box 2293, Biddeford, ME 04005 * Email: info@ostomy.org 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 ☐ J-Pouch ☐ Double Ostomate I had my present ostomy surgery in (year): I do not have an ostomy but am a: ☐ Medical Professional ☐ Family Member ☐ Other First Name/Nickname to Print on Badge: *Registration Fee Per Registrant (please complete a Form for each Registrant): Early Bird (through 5/31/2025) Regular (received after 5/31/2025) ☐ Individual = \$210 ☐ Individual = \$240 ☐ Young Adult (18 - 25) = \$165 ☐ Young Adult (18 - 25) = \$195 ☐ Children (5 - 17) = \$40 ☐ Children (5 - 17) = \$40 ☐ 1 Day Rate = \$185 □ 1 Day Rate = \$155 x Date: _____ Date: *This rate includes a \$15 processing fee. To avoid this fee, please register online at www.ostomy.org. Total Registration Fee: \$ _____ Check payable to United Ostomy Associations of America or UOAA Mail to: P.O. Box 2293, Biddeford, ME 04005 ☐ Visa ☐ MasterCard ☐ Discover Credit Card# _____ Exp. Date ____ CVC Code_____ Name on Card Signature

Cancellation Policy:

Cancellation received on or before 5/31/2025 = Refund of Registration Fee minus \$25 processing fee Cancellation received 6/1/2025 - 6/30/2025 = Refund of Registration Fee minus \$50 processing fee Cancellation received on or after 7/1/2025 = No Refund