

2025 UMA EXPO Registration Form

CLEAR FORM

Your EXPO registration gives all-inclusive access to the UMA Motorcoach EXPO events including education sessions, trade show floor entrance and networking events. It also includes food and beverages at scheduled events such as the opening Welcome Reception, breakfasts, lunches and evening events

Full Name (F,M,L)	Badge Name						
Contact Phone	Email						
Company Name							
Street Address	City						
State/Province	Postal Code			Country			
IS THIS YOUR FIRST TIME ATTENDING UMA MOTORCOACH EXPO? LIST ANY SPECIAL NEEDS (DIETARY, PHYSICAL, AUDIO-VISUAL, TRANSPORTATION, ETC.):							
OPERATOR: Motorcoad the U.S. Department of	•	•		•	ach company tha	at is recognized by	
ADDITIONAL EXHIBITOR: An exhibitor who are above the number of complimentary registration.							
SIGNIFICANT OTHER: Significant Other/Spouse to an Operator who is attending EXPO. (If you are actively involved in the motorcoach company, please register as an Operator).							
MON-EXHIBITING SUP Motorcoach EXPO. On available and no day pa	ly 2 people per cor			•	-		
CHILD: Children ages	12-17 pay the child	d rate. Children un	der the age of 12	are free.			
REGISTRATION TYPE	EARLY by 09/16/24	REGULAR by 11/18/24	LATE after 11/18/24	ONSITE after 1/24/25	*NON-MEN	IBER	
Operator	\$399	\$499	\$599	\$699	\$1200	*Not a UMA	
Additional Exhibitor	\$549	\$649	\$749	\$849	\$1400	Member yet? Visit ww.uma.org or call	
Non- Exhibiting Supplier	\$2000	\$2200	\$2300	\$2600	\$3400	(703) 838-2929 to join	
Significant other Child	\$399	\$499	\$599	\$699	\$1200	and save!	
(12 -17 years)	\$199	\$199	\$199	\$199			
ADDITIONAL OPTIONS I am participating in the Maintenance Interchange PAYMENT INFORMATIO	Ma Co	m participating in th intenance mpetition		interested in the rnational Driver Co	-	I will attend the Dinner or Sunday, February 22	
Check(make payable to Amex Discover		ch Association) MasterCard		Total cl	narge:	US \$	
Card Number					Fax: (703) 838	3-2950	
Name on the card	Mail to: United Motorcoach Assn			Motorcoach Assn			
Billing Zip Code	Exp Da	ate (mm/yyyy)	CV	/V#	2034 Eisenhower Ave, Suite 247 Alexandria, VA 22314		
Signature						PRINT or SAV	

Yes, I have read and agree to the UMA EXPO terms and conditions agreement.

2025 United Motor Coach Association Expo Waiver and Liability Form

I understand that I must be registered to exhibits or functions, and I will have a possession of a name tag admir destruction of a badge will result in a \$200 replacement fee. By complete	
I give permission to the United Motorcoach Association (UMA) and autuse my information to communicate with me about UMA Motorcoach E provided by UMA and authorized UMA Motorcoach EXPO vendors. CA processing fee for all cancelations. This fee is assessed on a per-persoafter 1/20/25. All refund requests are up to the discretion of UMA Moto VIDEO RELEASE: By attending, you hereby grant UMA, its represental photographs and multimedia of you and your property in relation to UM UMA to use such images, with or without your name, for any lawful pure editorial coverage, print advertising, and web content.	EXPO and/or other products or services ANCELATION POLICY: There is a \$100 on basis. No refund for cancellations made procedure EXPO Management. PHOTO AND atives, and employees the right to take MA Motorcoach EXPO. You also authorize
I, does hereby assume all the risks of associated with the United Motorcoach Association's 2025 Annual Medincluding by way of example and not limitation, any risks that may arise of the persons or entities being released from dangerous, defective or maintained, or controlled by them, or because of their possible liability	e from negligence or carelessness on the part infected equipment or property owned,
I certify that I am physically fit for participation in this event and have no professional to not participate. I certify that there are no health-related participation in this event.	
I acknowledge that this <i>Waiver and Release of Liability</i> Form will be us organizers of the activities in which I may participate, and that it will go activities. In consideration of my application and permitting me to partic for myself, my executors, administrators, heirs, next of kin, successors	vern my actions and responsibilities at said cipate in this activity, I hereby take action
(A) I WAIVE, RELEASE, AND DISCHARGE the United Motoro employees, volunteers, representatives, and agents, and the activity he all liability, including but not limited to, liability arising from the negligen for my death, disability, personal injury, property damage, property the occur to me including my traveling to and from this and associated every	olders, sponsors, and volunteers from any and nce or fault of the entities or persons released, ft, or actions of any kind which may hereafter
(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO paragraph from any and all liabilities or claims made as a result of par caused by the negligence of release or otherwise. I acknowledge that omissions, acts, or failures to act of any party or entity conducting a specific production of the conducting and the conducting and the conduction of the conducti	ticipation in activities or events, whether they are NOT responsible for the errors,
I understand while participating in this event, I may be photographed a likeness to be used for any legitimate purpose by the activity holders, μ assigns.	
The Injury/Illness Waiver and Release of Liability Form shall be construted maximum extent permissible under applicable law.	ued broadly to provide a release and waiver to
CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UND THAT THIS IS A RELEASE OF LIABILITY, A CONTRACT, AND I SIG	
PRINT Participant's Name	Date
Parent/Guardian Signature (If under 18 years old, Parent or Guardian must also sign.)	 Date