



2027 UMA EXPO Registration 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: Motorcoach owners, operators or staff personnel who are an active part of a motorcoach company that is recognized by the U.S. Department of Transportation or another country's national transportation agency.

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).

NON-EXHIBITING SUPPLIER: Companies that sell/supply to the Motorcoach Industry but are NOT exhibiting at the 2025 UMA Motorcoach EXPO. Only 2 people per company are allowed to register as Non-Exhibiting Suppliers. There is only one rate available and no day passes are allowed.

CHILD: Children ages 12-17 pay the child rate. Children **under the age of 12 are free.**

REGISTRATION TYPE	EARLY by 09/6/26	REGULAR by 11/07/26	LATE after 11/08/26	ONSITE after 1/14/27	*NON-MEMBER	
Operator	\$425	\$549	\$649	\$749	\$1,400	*Not a UMA Member yet? Visit www.uma.org or call (703) 838-2929 to join and save!
Additional Exhibitor	\$575	\$699	\$799	\$899	\$1,600	
Non- Exhibiting Supplier	\$2,100	\$2,300	\$2,400	\$2,700	\$3,600	
Significant Other	\$425	\$549	\$649	\$749	\$1,400	
Child (12 -17 years)	\$199	\$199	\$199	\$199	\$500	

ADDITIONAL OPTIONS

I am participating in the Maintenance Interchange

I am participating in the Maintenance Competition

I am interested in the UMA International Driver Competition

I will attend the Dinner on Tuesday, January 19

PAYMENT INFORMATION:

☐ Check (make payable to United Motorcoach Association)
☐ Amex ☐ Discover ☐ Visa ☐ MasterCard

Total charge: _____ US \$

Card Number _____

Name on the card _____

Billing Zip Code _____ Exp Date (mm/yyyy) _____ CVV# _____

Signature _____

Fax : (703) 838-2950
 Mail to: United Motorcoach Assn
 2034 Eisenhower Ave, Suite
 247 Alexandria, VA 22314

PRINT or SAVE



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

CLEAR FORM

2027 United Motor Coach Association Expo Waiver and Liability Form

I _____ understand that I must be registered to gain access of any of the 2027 UMA EXPO exhibits or functions, and I will have a possession of a name tag administered by show management. Loss or destruction of a badge will result in a \$100 replacement fee. By completing this registration form,

I give permission to the United Motorcoach Association (UMA) and authorized UMA Motorcoach EXPO vendors to use my information to communicate with me about UMA Motorcoach EXPO and/or other products or services provided by UMA and authorized UMA Motorcoach EXPO vendors. If I allow someone to scan my badge, I understand that my contact information will be shared with them. CANCELTION POLICY: There is a \$100 processing fee for all cancelations. This fee is assessed on a per-person basis. No refund for cancelations made after 12/20/26 All refund requests are up to the discretion of UMA Motorcoach EXPO Management. PHOTO AND VIDEO RELEASE: By attending, you hereby grant UMA, its representatives, and employees the right to take photographs and multimedia of you and your property in relation to UMA Motorcoach EXPO. You also authorize UMA to use such images, with or without your name, for any lawful purpose including but not limited to publicity, editorial coverage, print advertising, and web content

I _____, does hereby assume all the risks of attending and/or participating in all activities associated with the United Motorcoach Association's 2027 Annual Meeting and EXPO, related and adjunct events including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous, defective or infected equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit for participation in this event and have not been advised by a qualified medical professional to not participate. I certify that there are no health-related reasons or problems which preclude my participation in this event.

I acknowledge that this *Waiver and Release of Liability* Form will be used by the event holders, sponsors, and organizers of the activities in which I may participate, and that it will govern my actions and responsibilities at said activities. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE the United Motorcoach Association, their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this and associated events.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons cited in this paragraph from any and all liabilities or claims made as a result of participation in activities or events, whether caused by the negligence of release or otherwise. I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I understand while participating in this event, I may be photographed and I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and their assigns.

The Injury/Illness Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.

PRINT Participant's Name

Date

Parent/Guardian Signature

(If under 18 years old, Parent or Guardian must also sign.)

Date