



# REGISTRATION FORM

Please complete and return the Registration Application, with the appropriate payment or purchase order, on or before November 3, 2017. Forms may be returned via email [conferences@nmac.org](mailto:conferences@nmac.org), or mail to the address below. For additional information, or to register online, visit [www.biomedicalhivsummit.org](http://www.biomedicalhivsummit.org).

2017 Biomedical HIV Prevention Summit  
 NMAC, 1000 Vermont Ave. NW Suite 200  
 Washington, DC 20005

## Name, Address Organization

Please Note: Be sure to print clearly or type—registration badges are printed only from form entries. Photocopied submissions are okay.

PRINT CLEARLY	① First Name	Last Name		
	Title	Organization		
	Address			
	City	State	Zip	
	Country (if not U.S.)	Telephone	Fax	
	Email (required for confirmation)			

## Demographic Information

This information is used to better serve you and is not required.

PRINT CLEARLY	② <b>AGE RANGE</b>	<b>GENDER IDENTITY</b>	<b>SEXUAL ORIENTATION</b>	③ <b>Special Needs</b>
	<input type="checkbox"/> Under 21 <input type="checkbox"/> 20 - 25 <input type="checkbox"/> 26 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65+	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> FTM or Trans Man <input type="checkbox"/> MTF or Trans Woman <input type="checkbox"/> Gender Queer <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Androgynous <input type="checkbox"/> Cross Dresser <input type="checkbox"/> Two Spirit <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Disclose	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Two Spirit <input type="checkbox"/> Same Gender Loving <input type="checkbox"/> Asexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Disclose	<input type="checkbox"/> Kosher Meal <input type="checkbox"/> Vegetarian Meal <input type="checkbox"/> Spanish Translation <input type="checkbox"/> Wheel Chair Access <input type="checkbox"/> Sign Interpretation <input type="checkbox"/> Other (Please list below) _____ _____ _____ _____ _____ _____
	<b>HIV STATUS</b>	<b>ETHNICITY</b>		
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared		

## Registration + Payment REGISTRATION TYPE

Make all checks, money orders, and purchase orders payable to "NMAC"

**Purchase Order:** Attach two copies of the completed purchase order to this Registration Application

**Regular**  
 \$275 until Nov.3, 2017  
 \$325 On-Site Fee

**Federal** (For federal employees only, meals are not included)  
 \$215 On-Site Fee

PRINT CLEARLY	Payment Type	Check	Money Order	Purchase Order	Total Amount Enclosed	
	Credit Card	Visa	MC	AMEX	Discover	Card Holder's Name (As shown on the card)
	Account Number				CVV#	
	Expiration Date				Today's Date	
	Signature /				/ /	

## Sign Here

### AGREEMENT

By purchasing your ticket, you agree to the Terms of Service, Privacy Policy, and 2017 Summit Registration Policy found on [www.biomedicalhivsummit.org](http://www.biomedicalhivsummit.org). Written cancellations postmarked or emailed to [conferences@nmac.org](mailto:conferences@nmac.org) on or before November 10, 2017, by 5:00 pm (EDT), will be honored in full, less a \$50.00 processing fee. Refunds will NOT be issued for cancellations postmarked or emailed after this date.  
 Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_