

REGISTRATION FORM

Please complete and return the registration form, with the appropriate payment or purchase order, on or before March 20, 2022. Forms may be returned via email conferences@nmac.org, or mail to the address below. For additional information, or to register online, visit www.biomedicalhivsummit.org.

2022 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		
	Email (required for confirmation)			

Demographic Information

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

② AGE RANGE <input type="checkbox"/> Under 20 <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+ HIV STATUS <input type="checkbox"/> Person living with HIV <input type="checkbox"/> Person living without HIV <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared	GENDER IDENTITY <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"/> CrossDresser <input type="checkbox"/> Two Spirit <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Disclose ETHNICITY <input type="text"/>	SEXUAL ORIENTATION <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	③ Special Needs <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) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Registration + Payment

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
☐ \$285 until March 18, 2022
☐ \$350 On-Site Fee

Federal (For federal employees only, meals are not included)
☐ \$225 On-Site Fee

PRINT CLEARLY	Payment Type				Total Amount Enclosed
	Check	Money Order	Purchase Order		
	Credit Card				Card Holder's Name (As shown on the card)
	Visa	MC	AMEX	Discover	
	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 2022 Summit Registration Policy found on www.biomedicalhivsummit.org. Written cancellations postmarked or emailed to conferences@nmac.org on or before March 20, 2022, 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: