

# REGISTRATION FORM

Please complete and return the registration form, with the appropriate payment or purchase order, on or before March 13, 2023. 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).

2023 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.

<b>② AGE RANGE</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+  <b>HIV STATUS</b> <input type="checkbox"/> Person living with HIV <input type="checkbox"/> Person living without HIV <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared	<b>GENDER IDENTITY</b> <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  <b>ETHNICITY</b> <input type="text"/>	<b>SEXUAL ORIENTATION</b> <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	<b>③ Special Needs</b> <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**  
☐ \$295 until March 13, 2023  
☐ \$375 On-Site Fee

**Federal** (For federal employees only, meals are not included)  
☐ \$225

PRINT CLEARLY	Payment Type				Total Amount Enclosed
	Check	Money Order	Purchase Order		Card Holder's Name (As shown on the card)
	Credit Card	Visa	MC	AMEX	
	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 2023 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 March 13, 2023, 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: \_\_\_\_\_