

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 to conferences@nmac.org, or mailed to the address below. For additional information, or to register online, visit 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.

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"/> Non-binary <input type="checkbox"/> Trans <input type="checkbox"/> Two Spirit <input type="checkbox"/> Cisgender <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Not listed ETHNICITY <input type="text"/>	SEXUAL ORIENTATION <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bi+ <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"/> Pansexual <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

PRINT CLEARLY	REGISTRATION TYPE Regular <input type="checkbox"/> \$295 until March 13, 2023 <input type="checkbox"/> \$375 On-Site Fee Federal (For federal employees only, meals are not included) \$225 until March 13, 2023 \$300 On-Site Fee																															
	<table border="1"> <tr> <td>Payment Type</td> <td colspan="3">Total Amount Enclosed</td> </tr> <tr> <td>Check Money Order Purchase Order</td> <td colspan="3"></td> </tr> <tr> <td>Credit Card</td> <td colspan="3">Card Holder's Name (As shown on the card)</td> </tr> <tr> <td>Visa MC AMEX Discover</td> <td colspan="3"></td> </tr> <tr> <td>Account Number</td> <td colspan="3">CVV#</td> </tr> <tr> <td>Expiration Date</td> <td colspan="3">Today's Date</td> </tr> <tr> <td colspan="4">Signature</td> </tr> </table>				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			
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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. Written cancellations postmarked or emailed to 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: _____