**REGISTRATION FORM**

Please complete and return the Registration Application, with the appropriate payment or purchase order, on or before November 1, 2019. 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](http://www.biomedicalhivsummit.org).

2019 Biomedical HIV Prevention Summit  
NMAC, 1000 Vermont Ave. NW Suite 200  
Washington, DC 20005

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

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>GENDER IDENTITY</th>
<th>SEXUAL ORIENTATION</th>
<th>Special Needs</th>
</tr>
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<tbody>
<tr>
<td>[ ] Under 21</td>
<td>[ ] Female</td>
<td>[ ] Lesbian</td>
<td>[ ] Kosher Meal</td>
</tr>
<tr>
<td>[ ] 20 - 25</td>
<td>[ ] Male</td>
<td>[ ] Gay</td>
<td>[ ] Vegetarian Meal</td>
</tr>
<tr>
<td>[ ] 26 - 34</td>
<td>[ ] Intersex</td>
<td>[ ] Bisexual</td>
<td>[ ] Spanish Translation</td>
</tr>
<tr>
<td>[ ] 35 - 44</td>
<td>[ ] FTM or Trans Man</td>
<td>[ ] Heterosexual</td>
<td>[ ] Wheel Chair Access</td>
</tr>
<tr>
<td>[ ] 45 - 54</td>
<td>[ ] MTF or Trans Woman</td>
<td>[ ] Queer</td>
<td>[ ] Sign Interpretation</td>
</tr>
<tr>
<td>[ ] 55 - 64</td>
<td>[ ] Gender Queer</td>
<td>[ ] Questioning</td>
<td>[ ] Other</td>
</tr>
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<td>[ ] 65+</td>
<td>[ ] Gender Non-Conforming</td>
<td>[ ] Two Spirit</td>
<td>[ ] Prefer Not to Disclose</td>
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<td>HIV STATUS</td>
<td>[ ] Androgy nous</td>
<td>[ ] Same Gender Loving</td>
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<tr>
<td>[ ] Positive</td>
<td>[ ] Cross Dresser</td>
<td>[ ] Asexual</td>
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<tr>
<td>[ ] Negative</td>
<td>[ ] Two Spirit</td>
<td>[ ] Gender Queer</td>
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<td>[ ] Unknown</td>
<td>[ ] Other</td>
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<td>[ ] Same Gender Loving</td>
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### ETHNICITY

- [ ] Prefer Not to Disclose

### REGISTRATION TYPE

**Regular**  
[ ] $285 until Nov. 1, 2019  
[ ] $335 On-Site Fee

**Federal** (For federal employees only, meals are not included)  
[ ] $225 On-Site Fee

### Payment Type

- Check
- Money Order
- Purchase Order

- Total Amount Enclosed

### PRINT CLEARLY

**Sign Here**

By purchasing your ticket, you agree to the Terms of Service, Privacy Policy, and 2019 Summit Registration Policy found on [www.biomedicalhivsummit.org](http://www.biomedicalhivsummit.org). Written cancellations postmarked or emailed to conferences@nmac.org on or before November 1, 2019, 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: __________

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**Print Clearly**

- First Name
- Last Name
- Title
- Organization
- Address
- City
- State
- Zip
- Telephone
- Fax
- Email (required for confirmation)

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**Name, Address, Organization**

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