



REGISTRATION FORM

Please complete and return the Registration Application, with the appropriate payment or purchase order, on or before March 22, 2021. 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.

2021 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 AGE RANGE	GENDER IDENTITY	SEXUAL ORIENTATION	○
	<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	
	HIV STATUS	ETHNICITY		
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared	<input style="width: 100%;" type="text"/>		

Registration + Payment REGISTRATION TYPE

Regular
 \$185

Federal
 \$185

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	Payment Type	Total Amount Enclosed		
	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Purchase Order			
	<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	Card Holder's Name (As shown on the card)		
	Account Number	CVV#		
	Expiration Date	Today's Date		
Signature /	/ /			

Sign Here

AGREEMENT

Written cancellations postmarked or emailed to conferences@nmac.org on or before March 19, 2021 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. The confidentiality of contact and demographic details provided on this form – including name, mailing address, zip code, telephone number, gender, and HIV-status cannot be guaranteed. The registration and scholarship selection processes often require that information provided on forms be shared with NMAC Staff, program partners, and corporate sponsors.

Authorized Signature: _____ Date: _____