

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	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 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+ 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 ④ **REGISTRATION TYPE**

Make all checks, money orders, and purchase orders payable to "NMAC"

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

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

Purchase Order:
Attach two copies of the completed purchase order to this Registration Application

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 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: _____