

REGISTRATION FORM

Please complete and return the registration form, with the appropriate payment or purchase order, on or before March 18, 2024. 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.

2024 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.

<p>② AGE RANGE</p> <p><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+</p> <p>HIV STATUS</p> <p><input type="checkbox"/> Person living with HIV <input type="checkbox"/> Person living without HIV <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared</p>	<p>GENDER IDENTITY</p> <p><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</p> <p>ETHNICITY</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>SEXUAL ORIENTATION</p> <p><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</p>	<p>③ Special Needs</p> <p><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)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Registration + Payment ④ **REGISTRATION TYPE**

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
 \$325 until March 18, 2024
 \$415 On-Site Fee

Federal (For federal employees only, meals are not included)

\$275 until March 18, 2024 \$365 On-Site Fee

PRINT CLEARLY	Payment Type				Total Amount Enclosed
	Check	Money Order	Purchase Order		Card Holder's Name (As shown on the card)
	Credit Card				CVV#
Account Number				Today's Date	
Expiration Date					
Signature					

Sign Here

AGREEMENT

By purchasing your ticket, you agree to the Terms of Service, Privacy Policy, and 2024 Summit Registration Policy found on www.biomedicalhivsummit.org. Written cancellations postmarked or emailed to conferences@nmac.org on or before March 18, 2024, 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: _____