

REGISTRATION FORM

Please complete and return the registration form, with the appropriate payment or purchase order, on or before **March 10, 2025**. 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.

2025 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 Non-binary <input type="checkbox"/> Trans <input type="checkbox"/> Two Spirit Cisgender Prefer not to disclose 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"/> |
|--|---|---|--|

Registration + Payment REGISTRATION TYPE

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

Regular
 \$325 until March 10, 2025
 \$415 On-Site Fee

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

\$275 until March 10, 2025 \$365 On-Site Fee

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

| | | |
|---------------|---|---|
| PRINT CLEARLY | Payment Type <input type="checkbox"/> Check Money Order Purchase Order | Total Amount Enclosed |
| | Credit Card <input type="checkbox"/> Visa MC AMEX Discover | Card Holder's Name (As shown on the card) |
| | 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 2025 Summit Registration Policy found on www.biomedicalhivsummit.org. Written cancellations postmarked or emailed to conferences@nmac.org on or before March 10, 2025, 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: _____