

2009 USCA CONFERENCE REGISTRATION APPLICATION - Individual and Group

This form includes an optional demographic section in which you can answer questions about your gender and HIV status. Demographic information collected on this form is used for statistical purposes only. Every precaution is taken to keep all demographic information private; however, we cannot guarantee confidentiality. Your information may be seen by NMAC staff members and partners.

The 2009 United States Conference on AIDS is set for October 29 - 31, at the Hilton San Francisco Hotel, in San Francisco, California. To attend, please complete and return the conference registration application, with the appropriate payment, purchase order or training authorization form, on or before September 25, 2009, to:

The United States Conference on AIDS
 Attention: Conference Registrar
 1931 13th Street, NW
 Washington, DC 20009-4432
 or by fax: (202) 234-6404

For additional information, or to register online, visit: www.2009usca.org. Otherwise, contact the conference registrar by telephone: (202) 483-NMAC (6622) or e-mail: conferences@nmac.org.

Please Note: Please print clearly or type. Photocopied submissions are okay. Since nametags will be produced from the following information, please submit a separate form for each registrant.

PARTICIPANT INFORMATION

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Telephone: _____

Fax: _____

E-mail (required for confirmation): _____

SPECIAL NEEDS

Check all that apply:

Kosher Sign interpretation

Spanish Translation Vegetarian

Wheelchair access Other: _____

DEMOGRAPHIC INFORMATION

This section is for statistical purposes only.

Gender:
 Female Male Transgender

Age:
 Under 20 20-24 25-34 35-44 45-54 55-64 65+

Ethnicity: Check all that apply.
 African-American/Black Native American/Alaskan Native
 Asian Native Hawaiian/Pacific Islander
 Caucasian Other: _____
 Latina/o or Hispanic

HIV Status:
 Positive Negative Unknown Undeclared

MEMBERSHIP STATUS

If in doubt about current membership or constituency status, please contact your affiliated agency below before returning this form. Non-members will be charged/billed the non-member rate. Check all that apply:

- National Minority AIDS Council
- AIDS Action
- AIDS Alliance for Children, Youth and Families
- The AIDS Institute
- AIDS, Medicine and Miracles
- American Academy of HIV Medicine
- Association of Nurses in AIDS Care
- The Balm In Gilead
- Broadway Cares / Equity Fights AIDS
- Cable Positive
- CAEAR Foundation
- Elton John AIDS Foundation
- International AIDS Society
- LIFEbeat
- M-A-C AIDS Fund
- Mothers' Voices
- The NAMES Project Foundation
- National AIDS Housing Coalition
- National Alliance of State and Territorial AIDS Directors
- National Association of People with AIDS
- National Native American AIDS Prevention Center
- Non-member

REGISTRATION TYPE/FEE CATEGORY

Registration Type	Deadline	Fee
<input type="checkbox"/> Member Registration Fee	Postmarked by Sep. 25, 2009	\$450
<input type="checkbox"/> Non-member Registration Fee	Postmarked by Sep. 25, 2009	\$540
<input type="checkbox"/> Member Group: 6-9 People	Postmarked by Sep. 25, 2009	\$430 Each
<input type="checkbox"/> Member Group: 10 & Up	Postmarked by Sep. 25, 2009	\$400 Each
<input type="checkbox"/> Non-Member Group: 6-9 People	Postmarked by Sep 25, 2009	\$525 Each
<input type="checkbox"/> Non-Member Group: 10 & Up	Postmarked by Sep 25, 2009	\$500 Each
<input type="checkbox"/> On-Site Registration Fee	Postmarked after Sep. 25, 2009	\$655

All registrations postmarked after September 25, 2009 are considered on-site registrations.
 Youth rates are 50% off in all categories. Youth are registrants 25 and under.

PAYMENT

Registrations will only be accepted with payment, purchase order or training authorization form .

Check or Money Order Attached (Payable to the United States Conference on AIDS)

Total Amount Enclosed \$ _____.

Credit Card:
 American Express Discover Card MasterCard VISA

Account Number: _____ Exp. Date: _____ / _____

Cardholder's Name: _____

Today's Date: _____

Cardholder's Signature: _____

Purchase Order/Training Authorization Form : Attach one copy of completed purchase or training authorization form to this conference registration application. Purchase orders are only accepted until *September 25, 2009*.

PLEASE NOTE: ON-SITE REGISTRATION IS LIMITED.
 The United States Conference on AIDS reserves the right to return forms after capacity has been reached.

Method of Payment
 Registrations will only be accepted with payment . The conference accepts checks and money orders made payable to the United States Conference on AIDS, as well as the following credit cards: MasterCard, VISA and American Express. Purchase orders and training authorization forms also are accepted.

Cancellation and Refund Policy
 Written cancellations postmarked or faxed on or before October 2, 2009, by 5:00 pm (EST), will be honored in full, less a \$50.00 processing fee. Refunds will NOT be issued for cancellations postmarked or faxed after this date.

Conference Agenda
 A more detailed agenda will be available in a future mailing. A complete agenda and description of institute, seminar, workshop and poster presentation topics, times, locations and faculty will be available on-site during the conference. Please see page 4 of this document for a brief program format description.