

# 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](mailto:conferences@nmac.org), or mailed to the address below. For additional information, or to register online, visit [www.biomedicalhivsummit.org](http://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.

<p>② <b>AGE RANGE</b></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><b>HIV STATUS</b></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><b>SEXUAL ORIENTATION</b></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><b>ETHNICITY</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>③ <b>SpecialNeeds</b></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> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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## Registration + Payment

## REGISTRATION TYPE

**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

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    Money Order    Purchase Order	Card Holder's Name (As shown on the card)		
	<input type="checkbox"/> Visa    MC    AMEX    Discover	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 2025 Summit Registration Policy found on [www.biomedicalhivsummit.org](http://www.biomedicalhivsummit.org). Written cancellations postmarked or emailed to [conferences@nmac.org](mailto: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: \_\_\_\_\_