



# REGISTRATION FORM

Please complete and return the Registration Application, with the appropriate payment or purchase order, on or before November 4, 2016. Forms may be returned via email [conferences@nmac.org](mailto:conferences@nmac.org), or mail to the address below. For additional information, or to register online, visit [www.hivprepsummit.org](http://www.hivprepsummit.org).

NHPS Registration  
 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.

PRINT CLEARLY	② <b>AGE RANGE</b>	<b>GENDER IDENTITY</b>	<b>SEXUAL ORIENTATION</b>	③ <b>Special Needs</b>
	<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+	<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"/> Cross Dresser <input type="checkbox"/> Two Spirit <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Disclose	<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	<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) _____ _____ _____ _____ _____
	<b>HIV STATUS</b>	<b>ETHNICITY</b>		
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared	<input type="text"/>		

## Registration + Payment

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

PRINT CLEARLY	<b>REGISTRATION TYPE</b>	<b>PrEP User</b>	<b>Youth</b>	<b>Regular</b>
		<input type="checkbox"/> \$125 until Nov.4, 2016 <input type="checkbox"/> \$150 On-Site Fee	<input type="checkbox"/> \$125 until Nov.4, 2016 <input type="checkbox"/> \$150 On-Site Fee	<input type="checkbox"/> \$250 until Nov.4, 2016 <input type="checkbox"/> \$300 On-Site Fee
	<b>Industry</b> (Pharmaceutical and Pharmacy representatives)			
	<input type="checkbox"/> \$500 until Nov.4, 2016 <input type="checkbox"/> \$575 On-Site Fee			

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

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

## Sign Here

**AGREEMENT**  
 By purchasing your ticket, you agree to the Terms of Service, Privacy Policy, and 2016 NHPS Registration Policy found on [www.hivprepsummit.org](http://www.hivprepsummit.org). Written cancellations postmarked or emailed to [conferences@nmac.org](mailto:conferences@nmac.org) on or before November 4, 2016, 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.

⑤ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_