2009 Annual Clinical Conference
WORKSHOP SIGN UP FORM

Improving the Management of HIV Disease **®**
Hyatt Regency Dallas, October 15 – 17, 200

Please complete this form in full. Please direct questions regarding the Clinical Conference workshops to IAS–USA at 415-544-9400 or via email at RWProgram2009 "at" iasusa.org. A confirmation of your assigned workshop(s) will be sent to you 2 weeks prior to the meeting. **Please returned the completed form to IAS-USA via fax at 415-544-9402 or via mail to IAS-USA, 425 California St, Ste 1450, San Francisco, CA 94104.**

Section I: Participant Information *(please print clearly or type)***:**

Name: _____ Phone number: _____

Email address: _____

❑ ***I do not plan to attend any Clinical Conference workshops.*** *(If you checked this box, please skip the balance of this form)*

❑ ***I do plan to attend the Clinical Conference workshops.*** *(If you checked this box, please complete the balance of this form)*

Section II: Clinical Conference Workshop Information and Sign Up:
Workshop Preferences:
Interactive workshops are open to all RW grantees, with maximum of 2 sessions. Each workshop will be approximately 1 hour in length and will be held simultaneously with other workshops. Workshops will be held on **Thursday, October 15th at 4:05pm** and **Friday, October 16th at 4:05pm**. Workshop seating is limited and attendance will be assigned on a first-come, first-serve basis. Attendees are encouraged to bring cases for discussion.

Preference **Topics**
(List top 4 workshops choices in rank order, with 1 as your first choice, 2 as your second choice, etc.)

_____ ***Strategies for Initiating Therapy: The Basics (WS1)***

_____ ***Interpretation of Resistance Test Results: The Basics (WS2)***

_____ ***Interpretation of Resistance Test Results: Advanced (WS3)***

_____***Overview of Antiretroviral Management (WS4)***

_____ ***Strategies for Antiretroviral Failure: The Basics (WS5)***

_____ ***Strategies for Antiretroviral Failure: Advanced (WS6)***

_____***Managing Viral Hepatitis and HIV Coinfection (WS7)***

_____***Women and HIV: Practical Treatment Strategies (WS8)***

_____***Approaches to Caring for HIV-infected Adolescents (WS9)***

_____ ***Current Issues in Pediatric HIV (WS10)***

_____ ***Treatment as Prevention (WS11)***

_____***HIV and Non-AIDS-defining Malignancies (WS12)***

_____ ***Pharmacologic Issues (WS13)***

_____ ***Endocrine Issues in HIV*** **(WS14)**

_____ ***Mental Health Issues*** **(WS15)**

_____ ***Renal Complications of HIV*** **(WS16)**

_____ ***Metabolic Complications of HIV*** **(WS17)**

_____ ***HIV and Cardiovascular Risk*** **(WS18)**

_____ ***Tips on Making QI Work in your Clinic*** **(WS 19)**

Section III: Additional Information

1. For approximately how many HIV-infected patients do you personally provide patient care?
   __ None __ 1–4 __ 5–10 __ 11–15 __ 16–50
   __ 51–100 __ 101–500 __ More than 500

3. How many years have you been involved in HIV patient care?
   __ Less than 1 year __ 1 to 2 years __ 3 to 5 years
   __ 6 to 10 years __ 11 to 15 years __16- 20 years __ More than 20 years

4. Indicate the level of your HIV expertise by **circling** the appropriate number

1	**2**	**3**	**4**	**5**	**6**	**7**
No Expertise						*HIV Expert*