

PLEASE TYPE OR PRINT CLEARLY.

SAMPLE

ID No. IAS USA #12345
SUE SMITH, MD
425 CALIFORNIA ST., STE. 1450
SAN FRANCISCO, CA 94104

IAS-USA ID NUMBER (if applicable)

E-MAIL ADDRESS (for registration confirmation)

FIRST NAME MI LAST NAME

TITLE/POSITION (must provide)

INSTITUTION/ORGANIZATION (no abbreviations please)

ACADEMIC DEGREE/LICENSE (specify all that apply)

SPECIALTY

MAILING ADDRESS Work Home

CITY STATE ZIP

() ()

PHONE Work Home FAX Work Home

REGISTER ONLINE! Secure credit card payment is available at www.iasusa.org

Do you wish to receive IAS-USA announcements and other information at your e-mail address?

Yes No

We do not sell our mailing list to other organizations or commercial companies.

REGISTRATION

Please include full payment with this form. Make checks or money orders payable to IAS-USA.

Registration Fee:

\$60 before April 23 \$ _____
 \$80 after April 23 \$ _____

Other:

I wish to include a donation* Total: \$ _____

*IAS-USA is exempt from tax under section 501(c)(3) of the Internal Revenue Code. Your tax-deductible donation will be used to distribute Topics in HIV Medicine® internationally.

Charge to my credit card: Visa MasterCard AmEx

Card Number (Visa, MasterCard, or American Express only)

Expiration Date [] [] / [] []

AUTHORIZED SIGNATURE ON CARD

CARDHOLDER'S NAME

Do you work for a commercial company in any capacity? Yes No

IF YES, PLEASE PROVIDE NAME OF COMPANY; see "Who Should Attend." You will be sent additional course/registration information.

Applications with the early registration fee must be received by April 23. Preregistration closes on May 7.

Please select **ONE** handout format, which you will receive onsite:

Printed, bound syllabus Syllabus on CD-ROM

(Note: power and wireless internet connections are not available in the session room.)

Check here if you are in need of any special assistance at the course. Please notify us at least 2 weeks in advance, if possible, so that we may make the necessary arrangements. Please describe:

Check here to order a vegetarian meal.

Check here if you have other dietary restrictions. (Additional fees may apply for special meals.)

Explain:

Please mail or fax this registration form and payment to:
IAS-USA
Registration - Chicago, IL
425 California Street, Suite 1450
San Francisco, CA 94104-2120
Phone (415) 544-9400; Fax (415) 544-9402

Chicago, IL