

PLEASE TYPE OR PRINT CLEARLY.



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](http://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 March 26 \$ \_\_\_\_\_  
 \$80 after March 26 \$ \_\_\_\_\_

#### 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 March 26 Preregistration closes on April 9.**

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 - San Francisco, CA  
425 California Street, Suite 1450  
San Francisco, CA 94104-2120  
Phone (415) 544-9400; Fax (415) 544-9402

# San Francisco, CA