

## **An Intensive Workshop on Metabolic Complications of HIV and its Therapies**

### **Atlanta, GA**

Thursday, April 2, 2009  
1:00 PM – 4:30 PM

Hyatt Regency Atlanta  
Vinings Room  
265 Peachtree Street NE  
Atlanta, GA 30303

### **Workshop Faculty**

<b>Marshall J. Glesby, MD, PhD</b> Associate Professor of Medicine and Public Health Medical Director, Cornell Clinical Trials Unit Weill Medical College of Cornell University New York, NY	<b>David Alain Wohl, MD</b> Associate Professor AIDS Clinical Trials Unit Division of Infectious Diseases The University of North Carolina at Chapel Hill Chapel Hill, NC
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### **Who Should Attend**

Experienced HIV clinical decision makers (physicians, nurse practitioners, physician assistants) caring for HIV patients with a working knowledge of HIV disease management.

### **Overview and Assessment of Needs**

Expert faculty will speak in a small-group interactive setting on timely and clinically relevant issues in metabolic complications of HIV disease management such as:

- Cardiovascular Disease -
  - Dyslipidemia
  - Risk assessment
  - Association with individual antiretroviral drugs
  - Monitoring and management
- Body Fat Changes -
  - Associations with antiretrovirals
  - Screening
  - Intervention
- Diabetes -
  - Links with HIV and therapy
  - Management

Rapid advances in these areas require the ongoing attention of practitioners involved in HIV medicine.

### **CME Accreditation Statement**

The International AIDS Society–USA is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

### **Credit Designation Statement**

The International AIDS Society–USA designates this educational activity for a maximum of 3.25 *AMA PRA Category 1 Credits*.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

### **Conflicts of Interest**

Information regarding conflicts of interest is obtained from all parties with control over the activity content (ie, Board of Directors, workshop development committee, workshop leaders, and IAS-USA staff), and any conflicts of interest of those parties are resolved prior to the activity being delivered.

**Registration**

The registration fee is \$30. Fax or mail your complete registration form (below) with payment. Registration closes March 26, 2009. Registrations will be accepted on a first-come, first-served basis. Attendance is limited to 30 participants. Forms should be mailed or faxed to:

International AIDS Society-USA  
425 California Street, Suite 1450  
San Francisco, CA 94104-2120  
Tel: 415-544-9400  
Fax: 415-544-9402

**Funding**

This activity is made possible by educational grants from several commercial companies that are committed to supporting independent CME in the field of HIV/AIDS. Major grant support has been provided by: Bristol-Myers Squibb, Pfizer Global Pharmaceuticals, and Merck & Co., Inc.

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Atlanta, GA 30303

Registration opens: 12:30 PM

\_\_\_\_\_  
First Name                      MI                      Last Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Institution/Organization

Registration is limited to up to 30 HIV clinical decision makers (physicians, physician assistants, nurse practitioners).

Primary Academic Degree:      \_\_\_ MD    \_\_\_ NP    \_\_\_ DO    \_\_\_ PA

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Mailing Address     Work     Home

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone     Work     Home                      Fax     Work     Home

\_\_\_\_\_  
E-Mail Address (for registration confirmation only)

Do you work for a commercial company?     Yes     No

If Yes, Name of Company:    \_\_\_\_\_

Currently, how many HIV-infected patients do you have?    \_\_\_\_\_

How many years have you been involved in HIV Care?    \_\_\_\_\_

#### REGISTRATION FEES

Full payment must accompany this form. For additional registrants, please photocopy this form. Cancellations will be accepted until the Registration Deadline, however a processing fee will apply.

\$30                                      \$ \_\_\_\_\_

If you wish to include a donation please indicate here\*                                      \$ \_\_\_\_\_

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.

Special Assistance Needs (please specify): \_\_\_\_\_

**Registration Deadline: March 26, 2009**

Make checks or money orders payable to: **International AIDS Society-USA.**

Charge to my credit card:     VISA     Mastercard     American Express

\_\_\_\_\_  
Card Number (VISA, Mastercard, or AMEX)

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
Authorized Signature on Card

\_\_\_\_\_  
Name on Card

**Please mail or fax this registration form and payment to:**

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Registration CFLS  
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