
HOTEL/MEETING PACKAGE FEES AND PAYMENT INFORMATION

Please note that registration forms must be accompanied with payment or will not be processed. Once you have completed and returned this form, you will be sent a confirmation of your registration for the Clinical Update.

If you have already reserved your guest room at the Hyatt Regency Phoenix, please provide hotel confirmation number: _____

Hotel/Meeting Package Fees:	Early Registration Closes on April 30, 2007	Registration Closes on May 31, 2007
Clinical Update Registration Full Registration Only	No longer applicable	\$225.00

Hotel/Meeting Package Payment:

Please indicate the form of your payment:

 Check Money Order Credit Card

If paying by check or money order: Checks or money orders **must be payable to the Hyatt Regency Phoenix** and **may not include any other name in the "Payee" line**. Payment must be sent with registration and workshop sign up forms to:

Hyatt Regency Phoenix
C/O International AIDS Society-USA
Attn: Registration Ryan White Program Clinical Update
425 California Street, Suite 1450
San Francisco, California 94104-2120

If paying by credit card, please indicate which card you are using and complete the information required below. Registration and workshop sign up forms and payment may be **faxed to 415-544-9402 OR mailed to IAS-USA, Attn: Registration Ryan White Program Clinical Update, 425 California Street, Suite 1450, San Francisco, California 94104-2120.**

 American Express Master Card Visa Diners Club Carte Blanche Discover

CARD NUMBER:		EXP:	Month	Year
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Signature: _____

Date: _____

I authorize the Hyatt Regency Phoenix to charge my account for \$149.00 if registration is received by April 30, 2007, or \$225.00 if registration is received between April 30 and May 31, 2007 as payment for my hotel/meeting package fee for the 2007 Ryan White Program Clinical Update. I understand that payment for my guest room reservation will be due separately from this registration fee.

Please charge to my credit card number: _____

Expiration Date: _____

NOTE: All credit cards must be valid through the dates of the event, June 14-16, 2007

Card's Security Code: _____

Cardholder's Name as listed on card: _____

Authorized Cardholder's Signature: _____

Today's Date: _____

Credit Card Billing Address (If your credit card bill is sent to a different address from the mailing address above, please complete below):

Address1: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Special Needs:

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

Check here if you require a vegetarian meal.

Check here for other dietary restrictions. Please explain: _____

Grantee Information (must be provided)

Program/Grantee Name _____

Please indicate if your grant program is:

Part A Part B Part C Part D Other (please list) _____

Program Coordinator _____

Have you attended a Ryan White Program Clinical Update in the past? Yes No

Are you on the IAS–USA mailing list? Yes No

Have you attended an IAS–USA educational CME activity? Yes No