



# Registration and Housing Form

## TO REGISTER

**Fax form to:** 415-979-2249

**Or send form to:** AIDS Vaccine 2001 Conference Registration and Housing  
c/o Convention Management Resources (CMR)  
33 New Montgomery, Suite 1420  
San Francisco, CA 94105

**Or register on line:** www.AIDSvaccine2001.org

For general housing questions, call CMR at 888-294-9167 (domestic) or 415-979-2278 (international)

### 1. Name and Address Information

(This information will be used for your badge and to send all conference materials.)

Last Name/Family Name \_\_\_\_\_ First Name/Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Institution (must be included) \_\_\_\_\_

Dept./Div. (must be included) \_\_\_\_\_

Street Address (be sure this is your air courier address, no P.O. boxes please) \_\_\_\_\_

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

Country \_\_\_\_\_

Telephone\* \_\_\_\_\_ Fax\* \_\_\_\_\_

E-mail Address \_\_\_\_\_

\*You must supply us with telephone and fax numbers. Include country and city codes if outside the US or Canada.

Are you an abstract author or invited speaker?  yes  no

Title and/or number of abstract: \_\_\_\_\_

Are you a recipient of an NIAID Innovation Grant for Approaches to HIV Vaccine Research?  yes  no

### 2. Hotel Reservation

(Hotel reservations will be for the conference venue, the Philadelphia Marriott.)

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

#### Room Type:

- Single (1 person) \$139  Double (2 persons, 1 bed) \$149
- Suite (If checked, a CMR consultant will contact you.)  Twin (2 persons, 2 beds) \$149
- Government rated room \$118 (government ID required upon check-in)

Person(s) Sharing My Room: \_\_\_\_\_

Special Requests: \_\_\_\_\_

I am a local resident and will not require accommodations.

**Hotel Guarantee Policy:** Each individual reservation must be guaranteed with a major credit card in the amount of the first night's room and tax or a check made payable to CMR (combined with registration fees) in the amount of \$139 per room, \$300 per suite.

### 3. Demographic Information

(This section must be completed for your registration to be processed.)

#### I. Circle highest degree (only one):

- A. M.D. E. D.P.H. H. M.P.H.
- B. Ph.D. F. Sc.D. I. M.A./M.S.
- C. M.D., Ph.D. G. Pharm.D. J. Other \_\_\_\_\_
- D. D.O.

#### II. In what type of organization are you currently employed?

- A. Professional School F. Clinical Laboratory
- B. Hospital G. Industry
- C. Undergrad./Grad. Dept. H. Nonprofit Res. Org.
- D. Federal Govt. I. Community Activist Org. or NGO
- E. State or Local Govt.

#### Special Block

- J. Press (press credentials must be approved in advance)
- K. Fellow Travel Grant Recipient (registration fee is waived)
- L. International Scholarship Recipient (registration fee is waived)
- M. Community Scholarship Recipient (registration fee is waived)
- N. Invited Speaker (registration fee is waived)

#### III. What is your primary (>50%) job-related activity?

- A. Clinical Research F. Public Health
- B. Basic Science Research G. Quality Control
- C. Private Practice H. Policy
- D. Teaching I. Administration
- E. Diagnosis and Testing J. Other \_\_\_\_\_

#### IV. What is your primary field of interest?

- A. Immunology F. Human Trials
- B. Virology G. Infrastructure Development
- C. Pathogenesis H. Epidemiology
- D. Animal Models I. Access and Implementation
- E. Candidate Vaccines

### 4. Fees and Payment

Registration Fee	
early registration (June 1–July 20)	\$450
late registration (July 21–August 4)	\$525
on-site registration	\$590
Housing Deposit (if paying by check only)	\$139

- Check Enclosed (Payable to Convention Management Resources in US funds drawn on a US bank.)
- Credit Card:  Amex  Visa  MasterCard

**Credit cards will be charged the registration fee immediately. The credit card provided on this form for registration fee payment will also serve as your hotel reservation guarantee.**

Card Number \_\_\_\_\_ Exp. Date Month/Year \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

### Cancellation Policy

Cancellations must be made in writing to AIDS Vaccine 2001 Conference Registration and Housing c/o Convention Management Resources (contact information listed above on Registration and Housing form). Cancellation of registrations received before June 29 will incur a \$100 processing charge. Cancellations that occur between June 30 and August 4 will result in forfeiture of 50% of the registration fee. Cancellation of registrations received after August 4 cannot be refunded.