

**2016 National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities
REGISTRATION APPLICATION**

Please complete this application to register for the 2016 National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities scheduled for **January 21– 24, 2016 in Los Angeles, California**. Required fields are marked with an asterisk (*). Your name badge and a participant’s list will be generated using the information you provide below. Please print clearly or type.

PARTICIPANT INFORMATION

Mr. Miss Ms. Mrs. Dr. :

Circle one	*Name (First Last)	*Title		
*Organization		Web Address		
*Address	*City	*State	*Zip Code	
*Phone	Fax	*Email:		

DEMOGRAPHIC INFORMATION

This section is for statistical purposes only. Information provided is optional and confidential.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Not Reported	Age <input type="checkbox"/> Under 20 <input type="checkbox"/> 20 – 25 <input type="checkbox"/> 26 – 30 <input type="checkbox"/> 31 – 40 <input type="checkbox"/> 41 – 50 <input type="checkbox"/> 50+ <input type="checkbox"/> Not Reported	Race / Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> American Indian / Alaskan Native / Native American <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic / Latino(a) <input type="checkbox"/> Caucasian <input type="checkbox"/> Bi- or Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Reported	Sexual Orientation <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Heterosexual <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Reported	HIV Status <input type="checkbox"/> Positive (HIV or AIDS) <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Not Reported
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SPECIAL NEEDS

Vegetarian
 Wheelchair accessibility
 Other _____

ORGANIZATION INFORMATION

Please check all that apply as it relates to you and/or your organization.

CDC or CDC-funded

Capacity Building Assistance (CBA) Provider
 HIV Prevention Service Provider
 Employee, contractor, etc.
 Other: _____

HHS, NIH, HRSA or HRSA-funded (including Ryan White)

Employee, contractor, etc.
 Funded organization
 Other: _____

State or Local Health Department

Employee, contractor, etc.
 Funded organization
 TA Provider
 Other: _____

Community Planning Group

Co-chair
 Member
 Supporter

REGISTRATION & FEES

Registration covers conference bag and materials; access to all institutes, workshops, and poster sessions; plenary sessions; scheduled meals; exhibit hall; reception; and other special events. Please select one of the following:

Registration	Received/Postmark	Fee
<input type="checkbox"/> Early Bird Registration	July 31, 2015	\$275
<input type="checkbox"/> Student Registration/Youth**	November 12, 2015	\$275
<input type="checkbox"/> Senior Registration**	November 12, 2015	\$275
<input type="checkbox"/> Standard Registration	November 28, 2015	\$375
<input type="checkbox"/> Late Registration*	Dec. 1, 2015 to Jan 12, 2016	\$495

*Conference bag materials and meals are not guaranteed.
 ** Students/Youth and seniors must provide proof when submitting registration; students/youth must be enrolled in college 25 and under; seniors must be 55 or older.

PAYMENT

Please submit full payment with registration. All registrations are nonrefundable. Submit this registration with payment to:
 NAESM, Inc.
 Attn: 2016 Conference Registration
 2140 Martin Luther King, Jr. Drive
 Atlanta, GA 30310

Check or money order (please attach). Make payable to NAESM, Inc.

(For all credit cards charges a 4% Fee will be added)

AmEx MasterCard/VISA Discover

Account Number	Exp. Date
Cardholder's name as it appears on card	Zip code CVV
Cardholder's signature	Date
Total Amount Included: \$ _____	

