

VOICES 2011 Registration Form

Please print clearly or type. Name tags will be produced from your registrant information. Photocopied forms are okay.

This form may be used when paying via check or money order. To register online with a credit card visit: <http://www.aids-alliance.org/education/voices>.

REGISTRANT INFORMATION

Please submit a separate form for each registrant. On-line registration for credit card payment is available at: <http://www.aids-alliance.org/education/voices>

Name: _____

Title: _____

Organization: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Telephone: _____

E-mail: _____

PART D LEAD ORGANIZATION: _____

(Required to determine organization's membership status for reduced registration fee.)

DEMOGRAPHIC INFORMATION (optional)

We gather this demographic information solely for statistical purposes related to our research and funding requirements.

Conference Interest

- Consumer
- Provider
- Consumer/Provider
- Exhibitor

Age

- 13-16 enter age: _____
- 17-24
- 25-39
- 40-50
- 51+

Gender

- Female
- Male
- Transgender

HIV Status (check one)

- Positive
- Negative
- Unknown

Race/Ethnicity (check all that apply)

- African American/Black
- Native American/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other: _____
- Asian
- Caucasian
- Latina/o or Hispanic

EVENTS

Please select the meeting and/or events you plan on attending.

- Capitol Hill Advocacy Day
- Family Institute
- Youth Institute (Ages 13-16)
- Youth Institute (Ages 17-24)
- Project Directors Meeting
- ANAC Saturday Session
- Social Work Institute
- Quality Institute

SPECIAL NEEDS

- Alternative Dietary Needs: _____
- Disability Services Needs: _____
- Child Care (Please complete VOICES Child Care Application Form)
- Spanish Translation Services for Plenaries and Workshops

REGISTRATION FEES (check one)

One of the benefits of membership with AIDS Alliance is a reduced registration rate at our annual VOICES conference. Individual or Part D Organization members whose dues have been paid within the past 12 months may register at the Paid Member Rate. If you're not already a member, you may join while registering by completing the "I Want to Join Now" section below the registration rates.

Early Bird Discount (Paid before Midnight, Monday, 4/11/11)

- \$ 325 Paid Member
- \$ 425 Non Member

General (Paid from 4/12/11 – Midnight Monday, 5/9/11)

- \$ 425 Paid Member
- \$ 525 Non Member

General Registration Closes Monday, May 9.

On-Site (Registration Opens 12:00 Noon, Saturday, 5/21/11)

- \$ 525 Paid Member
- \$ 625 Non Member

Alternate Rates (Paid from 2/8/11 – 5/21/11)

- \$ 225 Daily
- \$ 225 Lead Workshop Presenter
- \$ 100 Age 13-17

(All registrants under 18 years of age must be accompanied by a chaperone OR parent who is registered for the conference.)

I WANT TO JOIN NOW FOR 2011!

- \$ 100 Individual (for providers and interested persons)
- \$ 25 Consumer (for HIV positive persons and/or affected family members)

PAYMENT

FOR CREDIT CARD payments, please register online at:

<http://www.aids-alliance.org/education/voices>

- Check or money order attached, in the amount of \$ _____

Payable to: **AIDS Alliance for Children, Youth & Families**

Please mail your registration form with payment to:

AIDS Alliance for Children, Youth & Families
2000 L Street NW Suite 717
Washington DC 20036

CANCELLATION AND REFUND POLICY

Cancellations must be in writing and faxed to 202-785-3579 or sent via e-mail to kjayaratne@aids-alliance.org before 5:00 p.m. ET April 22, 2011, to be reimbursed for registration fee, less a \$40.00 processing fee. Refunds will NOT be issued for cancellations emailed or faxed after this date and time. Substitutions WILL be allowed at any time.

CONFERENCE LIABILITY POLICY

AIDS Alliance will not assume responsibility for participants who fail to make travel or lodging reservations or who incur any hotel, lodging, or other conference-related expenses. AIDS Alliance does not recommend bringing children under 12 years of age to workshop sessions and will not be liable for any injury as a result of a child who is not supervised by his/her legal guardian.

Your signature below (required) indicates your understanding of the conference rates, cancellation policy, and liability policy.

Signature: _____

Date: _____

For conference information:

Contact Kia Jayaratne at 202-785-3564 x230 or kjayaratne@aids-alliance.org.