

MEETING REGISTRATION FORM

National Institute of Allergy and Infectious Diseases (NIAID) Division of AIDS (DAIDS) Clinical Trials Unit RFA Pre-Application Meeting March 7–8, 2005

March 7—Natcher Conference Center, Building 45 – NIH Campus
March 8—Masur Auditorium, Building 10 – NIH Campus
Bethesda, Maryland

[Please type or print clearly]

Please check as appropriate for each box:

Mr. Ms. M.D. Ph.D. M.P.H. Other (please list): _____

Name: _____

Title: _____

Department: _____

Organization/Affiliation: _____

Address: _____

City: _____ State/Province: _____ Country: _____

ZIP/Postal Code: _____ E-mail: _____

Phone: _____ Fax: _____

Special requirements (individuals with disabilities); please indicate type of assistance needed: _____

Day(s) of Attendance

Please check one

- Both Days – Grant Writing Session and Pre-Application Meeting
 Day 1 – Grant Writing Session
 Day 2 – Pre-Application Meeting

FAX TO: Nicole Haliburton

B L Seamon Corporation
4221 Forbes Blvd., Suite 245
Lanham, MD 20706
Phone: 301-577-0244, ext. 22
Fax: 301-577-5261
Project #: DAIDSWA77-2442 (a) nT