

MEETING REGISTRATION FORM

**National Institute of Allergy and Infectious Diseases (NIAID)
Division of AIDS (DAIDS)
Clinical Trials Unit RFA Pre-Application Meeting
March 31–April 1, 2005
Johannesburg, South Africa**

[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:

French translation services required (Yes or No): _____

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

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