

# HIV DART 2004

FRONTIERS IN DRUG DEVELOPMENT  
FOR ANTIRETROVIRAL THERAPIES

December 12-16, 2004  
The Ritz-Carlton, Rose Hall  
Montego Bay, Jamaica

## *Participant Information*

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Title: MD PhD Prof Mr Ms

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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## *Accompanying Person Information*

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Title: MD PhD Prof Mr Ms

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## *Accompanying Person Information*

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Title: MD PhD Prof Mr Ms

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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## *Housing Information*

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Date of Arrival: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Number of Nights: \_\_\_\_\_

Housing Preference:  Single occupancy  Double occupancy  None (commuter)  
 Smoking  Non-smoking  
 2 Double beds  King bed

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**Accommodation Information (All prices are in U.S. dollars)**

The rates listed below include tax and are for single or double occupancy. Additional charges may apply for extra persons.

Run of House Rooms

Nightly rate: US\$149.06

Delegates with accommodation requirements that are not provided for in the above list, i.e., suites, special access, etc. should contact the Conference Secretariat at +1 770 946 3480.

*The Ritz Carlton requires a one-night deposit including the tax to guarantee the hotel reservation. An early departure or cancellation after November 12, 2004 will result in loss of deposit.*

Total Deposit = US\$ \_\_\_\_\_

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Special Accommodation Needs:

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**Conference Events**

The following information is for space planning purposes only.

I plan to attend the following events:

- Welcome Reception, Sunday December 12, 2004
- Gala Party, Wednesday, December 15, 2004

My accompanying guest(s) plans to attend the following events, included in accompanying guest registration:

- Welcome Reception, Sunday December 12, 2004
  - Gala Party, Wednesday, December 15, 2004
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**Payment Details**

- Payment can only be made by one of the options below.
- Registrations cannot be acknowledged without payment details.
- Any receipts will be mailed to the address given in "Participant Information" section.

Check or Bankers Draft

*(Make checks payable to Informed Horizons and clearly state the Attendee's name on the check.)*

Check Number: \_\_\_\_\_

Credit Card – Please ensure the cardholder has authorized payment and signs below

*Please note: The Total Accommodation Deposit will show as a charge from the Ritz Carlton while the Total Registration fees will show as a charge from Informed Horizons.*

**Payment Details – Credit Card Information**

American Express       Visa       MasterCard

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address \_\_\_\_\_

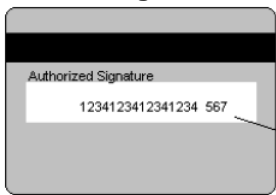
(if different than 1<sup>st</sup> page) \_\_\_\_\_

Postal Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Card Security Code\* \_\_\_\_\_

\*The card security code (CSC) is usually a 3 - or 4 - digit number, which is not part of the credit card number. The CSC is typically printed on the back of a credit card (usually in the signature field). On some cards, all or part of the credit card number appears before the CSC, for example, 1234 567. In this example, 1234 are the last four digits of the credit card number, and 567 is the CSC.



The CSC is 567.



Total Registration (from page 2 of the registration form) US\$ \_\_\_\_\_

Total Accommodation Deposit (from page 3 of the registration form) US\$ \_\_\_\_\_

**Total Debit Due to Confirm Registration US\$ \_\_\_\_\_**

*Please note that cancellation of registrations postmarked on or before October 11, 2004 will incur no penalty. Cancellation of registrations postmarked after October 11, 2002 and on or before November 12, 2004 will incur a fee equivalent to 50% of the registration payment. No refund of the registration payment, including the one night's hotel deposit, will be issued for cancellations postmarked after NOVEMBER 12, 2004.*

*I have read and agree to the cancellation policies outlined above.*

Cardholder's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Forward registration materials to:**

Conference Secretariat  
HIV DART 2004  
1860 Montreal Road, Suite 212  
Tucker GA 30084 USA  
Phone: +1 770 946 3480  
Fax: +1 770 897 9639  
E-mail: info@informedhorizons.com