



**HO CHI MINH CITY  
AIDS COMMITTEE**

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**FORM OF REGISTRATION**  
**The Third National Scientific Conference on HIV/AIDS**  
**Ho Chi Minh City, Nov 24 – 26, 2005**

1. NAME: \_\_\_\_\_  
Surname Firstname Middle name
2. Sex: Male  ; Female  Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_(DD/MM/YY)
3. Nationality: \_\_\_\_\_
4. Passport No.: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
Place of Issue: \_\_\_\_\_
5. Title of current appointment: \_\_\_\_\_
6. Profession: \_\_\_\_\_
7. Name of employer: \_\_\_\_\_
8. Contact Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Handphone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Registration for the Conference: - Participant   
- Presenter

**Signature**