



INVITATION PROGRAMME AND CALL FOR ABSTRACTS

4th IAS Conference

ON HIV PATHOGENESIS, TREATMENT AND PREVENTION

22-25 July 2007, Sydney, Australia

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Table of Contents

| | |
|---|----|
| • Important Dates | 1 |
| • Words of Welcome | 2 |
| • Conference Organizers | 3 |
| • Conference Programme Committees | 4 |
| • Conference Programme | 5 |
| • Satellite Meetings | 6 |
| • Conference Exhibition | 6 |
| • Programme-at-a-Glance | 7 |
| • Abstract Categories | 8 |
| • Guidelines for Abstract Submission | 11 |
| • Guidelines for Registration | 12 |
| • Scholarship Programme | 14 |
| • Accommodation | 14 |
| • Conference Venue | 16 |
| • General Information | 16 |
| • Key Contact Information | 17 |

Important dates

| | |
|------------------------|--|
| 1 November 2006 | Abstract Submission opens |
| 1 February 2007 | Standard registration fee ends (late surcharge begins) |
| 1 March 2007 | Deadline Scholarship Applications Deadline Abstract Submissions |
| 7 May 2007 | Late Breaker Submission opens |
| 10 May 2007 | Last minute surcharge begins Deadline Exhibition Bookings |
| 1 June 2007 | Deadline Late Breakers |
| 22-25 July 2007 | 4 th IAS Conference on HIV Pathogenesis, Treatment and Prevention |



Words of Welcome

Dear Colleagues,

On behalf of the International AIDS Society (IAS) and the Australasian Society for HIV Medicine (ASHM), it is our pleasure to invite you to attend the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007), to be held in Sydney, Australia from 22-25 July 2007.

As the fourth conference in this series, IAS 2007 will feature reports of the latest developments in the areas of basic, clinical and prevention science. The conference will continue its strong emphasis on treatment and pathogenesis, while building upon the biomedical prevention agenda introduced in Rio de Janeiro, Brazil in 2005. As a defining feature of the conference, IAS 2007 will examine how scientific advances can, in very practical ways, inform the global response to HIV/AIDS.

Since the earliest years of the epidemic, Australia has maintained a strong commitment to HIV education, prevention, treatment and research. It was one of the first countries to develop a national strategy on HIV/AIDS, and currently supports dedicated research centres in several disciplines. The Australian response is based on a collaborative partnership between the research, health care, government and community sectors. On behalf of all of these sectors, ASHM, one of the first HIV medicine societies in the world founded in 1987, looks forward to welcoming delegates to Sydney and to serving as local host.

As the world's leading independent association of HIV professionals, the IAS is committed to working in partnership with ASHM to develop a programme that explores how best to bridge the gap between science and practice. The truly international nature of the conference (with more than 125 countries represented in 2005) is an ideal opportunity for networking and collaboration.

See you in Sydney!



Pedro Cahn, MD, PhD
IAS 2007 International Conference Co-Chair
President, International AIDS Society
Director, Fundación Huesped,
Buenos Aires, Argentina



David Cooper, MD, DSc
IAS 2007 Local Conference Co-Chair
Director, National Centre in HIV
Epidemiology and Clinical Research
University of New South Wales,
Sydney, Australia

Conference Organizers

International AIDS Society

The International AIDS Society (IAS) is the world's leading independent association of HIV professionals, with more than 10,000 members from 153 countries. The IAS is a non-profit organization founded in 1988, and acts as an independent voice in the global response to AIDS on behalf of its members. The organization's official journal is *AIDS*, which has a broad, cross-disciplinary focus.

The IAS is the organizer of the highly successful IAS Conference on HIV Pathogenesis, Treatment and Prevention. This conference occurs every two years and focuses on the scientific and medical aspects of HIV/AIDS.

The IAS is also the custodian of the International AIDS Conference, the paramount gathering of all HIV/AIDS disciplines, held every two years. These prestigious conferences provide a unique forum for the interaction of science, community and leadership, with the goal of sharing the latest research findings, best practices and lessons learned in order to strengthen the global response to the epidemic.

In addition to the conferences, the IAS has two ongoing initiatives:

- The Industry Liaison Forum (ILF): the mission of the ILF is to accelerate scientifically promising, ethical HIV research in resource-constrained settings with a particular focus on the role and responsibilities of industry as sponsors and supporters of research.
- The electronic Journal of the International AIDS Society (eJIAS): eJIAS is a peer-reviewed, primary-source online journal dedicated to the publication and dissemination of HIV/AIDS research relevant to developing countries. It is co-published by the IAS and Medscape/ WebMD at www.eJIAS.org, and is co-edited by Dr. Mark Wainberg from the McGill AIDS Centre, Montreal and Dr. Elly Katabira from Makerere University, Kampala.

The 2007 Local Host – The Australasian Society for HIV Medicine (ASHM)

The local host of IAS 2007 is the Australasian Society for HIV Medicine (ASHM), the professional association for medical practitioners and other health care workers in Australasia who work in HIV and related disease areas. ASHM was formed in 1988, incorporated in 1990 and was one of the first societies for HIV medicine in the world. It became a registered charity in 2003. ASHM has collaborated closely with the IAS since 1995 and currently has a membership of nearly 1,000.

ASHM is a key partner in the Australasian and regional response to HIV, hepatitis and related diseases. It works closely with government, advisory bodies, community agencies and other professional organizations. It conducts education programmes in HIV and viral hepatitis for medical practitioners, health care providers and allied health workers and manages programmes of continuing medical education. It publishes an extensive range of resources including a bimonthly journal and bimonthly newsletter; a series of monographs and fact sheets and distance learning kits.

ASHM has many established organizational relationships in the Asia-Pacific region and is actively involved in training and policy development in the region. Its in-house conference team manages the annual Australasian medical-scientific HIV/AIDS conference and other conferences in the area; its 19th annual conference will be integrated with the IAS meeting in 2007.

ASHM is governed by an elected voluntary board and managed by a secretariat of 25 staff. It receives support from the Australian Government Department of Health and Ageing, the Australian Agency for International Development (AusAID), State and Territory Departments of Health and the private sector. ASHM convenes committees on a range of issues affecting its members, including education, HIV treatment, viral hepatitis, international/development issues and professional affairs. The ASHM Foundation was established in 2004 and raises funds in support of educational activities.

Conference Programme Committees

Conference Organizing Committee

Pedro Cahn, IAS President and International Conference Chair
 David Cooper, Local Conference Chair
 Julio Montaner, IAS President-Elect
 Sharon Lewin, Deputy Local Conference Chair
 John Kaldor, Deputy Local Conference Chair
 Craig McClure, IAS Executive Director
 Mats Ahnlund, IAS Conference Director
 Narasappa Matthew Samuel, IAS Regional Representative
 Levinia Crooks, ASHM Chief Executive Officer

Scientific Programme Committee

David Cooper, Australia
 Jennifer Hoy, Australia
 John Kaldor, Australia
 Pontiano Kaleebu, Uganda
 Stephen Kent, Australia
 Thomas Kerr, Canada
 Alan Landay, USA
 Sharon Lewin, Australia
 Patrick Li Chung-ki, China
 Damian Purcell, Australia
 Gita Ramjee, South Africa
 Robert Schooley, USA
 Community representative, TBD

Basic Sciences Committee Co-Chairs

Pontiano Kaleebu, Uganda
 Alan L. Landay, USA
 Damian Purcell, Australia

Members

Cecilia Cheng-Mayer, USA
 Suzanne Crowe, Australia
 Tony Cunningham, Australia
 Daniel Douek, USA
 Genoveffa Franchini, USA
 Ashley Haase, USA
 Kuan-Teh Jeang, USA
 Esper Kallas, Brazil
 Anthony Kelleher, Australia
 Lynn Morris, South Africa
 Guido Poli, Italy
 Kiat Ruxrungtham, Thailand
 Olivier Schwartz, France
 Alexandra Trkola, Switzerland
 Carolyn Williamson, South Africa

Clinical Sciences Committee Co-Chairs

Patrick Chung-Ki Li, China
 Jennifer Hoy, Australia
 Robert T. Schooley, USA

Members

Bruce James Brew, Australia
 Elizabeth Connick, USA
 Judith Currier, USA
 Greg Dore, Australia
 Julian Elliott, Cambodia
 Martyn French, Australia
 José M. Gatell, Spain
 Beatriz Grinzstejn, Brazil
 James Hakim, Zimbabwe
 Adeeba Kamarulzaman, Malaysia
 Nagalingeswaran Kumarasamy, India
 Daniel Kuritzkes, USA
 James McIntyre, South Africa
 Ronald T. Mitsuyasu, USA
 William Powderly, Ireland
 Virat Sirisanthana, Thailand

Biomedical Prevention Committee Co-Chairs

Stephen Kent, Australia
 Thomas Kerr, Canada
 Gita Ramjee, South Africa

Members

Judith Auerbach, USA
 Bertran Auvert, France
 Myron Cohen, USA
 Christopher Fairley, Australia
 Paul Gorry, Australia
 Andrew Grulich, Australia
 Margaret (Peggy) Johnston, USA
 Smita Joshi, India
 Anatoli Kamali, Uganda
 Sophie Le Coeur, Thailand
 Kenneth Mayer, USA
 Sheena McCormack, UK
 Kimberly Page-Shafer, USA
 Vinod Kumar Pandey, Zambia
 Mauro Schechter, Brazil
 Steve Wesselingh, Australia

Community Advisory Group

Geoff Honnor, Australia
 John Daye, Australia

Conference Programme



The scientific programme of the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention aims to provide new insights into HIV disease development, prevention and care that can lead to novel research directions, help advance translational research and move theoretic advances into clinical practice and prevention programmes. The Scientific Programme Committee is dedicated to ensuring that the content will be relevant to today's questions including addressing the challenges of expanding treatment and prevention in resource-limited settings. An additional priority is ensuring that the presentations focus on the latest HIV science and its practical applications for public and individual health in the context of where the epidemic will be in 2007.

The abstract-driven programme will feature state-of-the-art basic, clinical and prevention science. The basic sciences track will focus on virology, immunology, pathogenesis and pre-clinical research into drugs and vaccines. The clinical sciences track will cover the spectrum from treatment and low cost monitoring in resource-limited settings to new treatments, strategies and advanced technology topics. The biomedical prevention track focuses on strategies for preventing HIV transmission that have a biomedical basis, such as vaccines, microbicides, chemoprophylaxis and substitution therapy for drug dependence.

The conference will feature daily plenary sessions, abstract and non-abstract driven sessions.

Abstract Driven Sessions

Oral Abstract Sessions

The IAS 2007 programme will feature abstract driven sessions of track-specific, peer-reviewed abstracts. The oral abstract sessions will be organized into themes and deal with new developments in each of the tracks. Abstract submissions will be scored by a panel of reviewers and ultimately selected by members of the programme committee. Speakers will deliver a ten-minute presentation followed by a five-minute discussion. Questions from the audience will be encouraged and facilitated by the session chair. Please refer to the Guidelines for Abstract Submission section in this Invitation Programme or visit the website www.ias2007.org for more information.

Cross-track sessions

Feature abstract presentations on topics that cross the "boundaries" of individual tracks. Sessions will emphasize multi-disciplinary and multi-perspective discussions on a given topic. Each session will include a number of ten-minute presentations and will be structured to allow questions and answer time.

Late Breakers

The conference requires that abstracts be submitted several months in advance. However, it is important to provide an opportunity during the conference for presentation of any important "late breaking" research. Time for "late breakers" has been scheduled for the last day of the conference. Competition for limited number of slots available is expected to be quite strong as only truly late breaking research will be considered. Therefore, the regular abstract deadline should be kept if at all possible. Oral presentations of late breaker abstracts will last seven minutes each with three minutes allocated for questions. Late breaker abstracts may be submitted between 7 May and 1 June 2007.

Poster Viewing Sessions

Poster exhibition sessions will be generated from peer-reviewed abstracts and will cover a wide variety of topics organized by track. Posters will be displayed from 11:00 to 18:00 from Monday to Wednesday, 23-25 July 2007. Presenters must be at their posters between 13:30 to 14:30 to answer questions and provide further information on their study results.

Poster Discussion Sessions

A small number of the highest-scored posters in each track will be selected to be presented orally during the poster viewing sessions. Presentations will be three to five minutes each and will be chaired to facilitate audience discussion.

Non-Abstract Driven Sessions

The non-abstract driven sessions will address a variety of current viewpoints and issues. The format and focus of the sessions will vary.

Plenary sessions will feature the world's most distinguished researchers, scientific leaders and clinical specialists. Plenary sessions will bring together all conference delegates at the first session of every morning.

Bridging Sessions – Sessions will connect the 3 tracks to provide an opportunity for multi-disciplinary, multi-perspective dialogues on topics of common interest. Through moderated panel discussions, speakers will share knowledge and perspectives on the issues at hand. Together with contributions from delegates, members of the panel will be encouraged to find linkages and synergies between their different areas of expertise and look for a practical way forward.

Symposia will feature keynote addresses and outstanding abstract presentations dealing with a single, clearly defined critical issue. Sessions will report on new findings and announce forthcoming research and new initiatives.

A **Rapporteur Summary session** will be held immediately before the closing session. The summary session will synthesise the presentations made during the week, focusing on critical issues addressed, important results presented and key recommendations put forward. In addition, the rapporteur teams will publish daily reports and session summaries on the conference website.

Satellite Meetings

Industry-sponsored satellite meetings will take place all day on Sunday 22 July, and in the mornings and evenings on the remaining days, Monday to Wednesday, 23-25 July 2007. These symposia are entirely organized by the major industry sponsors of the conference. There will also be a limited number of symposia sponsored by non-commercial organizations during these same hours.

The contents and speakers of the satellite symposia will be reviewed by the programme committee to ensure that they meet the scientific and ethical principles of the conference. More information about the satellite symposia is available at www.ias2007.org.

Please contact satellites@ias2007.org for more information. Note that there are no opportunities for commercial satellites other than major industry sponsors.

Conference Exhibition

The exhibition space at the conference will be open from Sunday 22 July to Wednesday 25 July 2007. An area of over 5000 square meters of prime location gives both commercial and non-commercial organizations a unique opportunity to showcase their products, programmes and services to a targeted audience. Please contact exhibitions@ias2007.org for further information on exhibiting at the conference.



Programme-at-a-Glance

| | Sunday 22 July | Monday 23 July | Tuesday 24 July | Wednesday 25 July |
|--------------|---------------------------------|---|------------------------------------|---|
| Registration | | Satellite Slot 5 07.00-09.00 | Satellite Slot 7 07.00-09.00 | Satellite Slot 9 07.00-09.00 |
| | Satellite Slot 1 08.00-10.00 | Break | Break | Break |
| | Break | Plenary 9:30-11:00 | Plenary 9:30-11:00 | Plenary 9:30-11:00 |
| | Opening Session 10.30-12.00 | Break | Break | Break |
| | Break | Parallel Sessions 1 11:30-13:00 | Parallel Sessions 1 11:30-13:00 | Parallel Sessions 1 11:30-13:00 |
| | Satellite Slot 2 12.30-14.30 | Lunch including Poster Viewing 13:00-14:30 | | |
| | Break | | | |
| | Satellite Slot 3 14.45-16.45 | Parallel Sessions 2 14:30-16:00 | Parallel Sessions 2 14:30-16:00 | Parallel Sessions 2 14:30-16:00 |
| | Break | Break | Break | Break |
| | Break | Parallel Sessions 3 16:30-18:00 | Parallel Sessions 3 16:30-18:00 | Late Breakers, Rapporteur & Closing 16:30-18:30 |
| | Satellite Slot 4 17.00-19.00 | Break | Break | |
| | | Satellite Slot 6 18.30-20.30 | Satellite Slot 8 18.30-20.30 | |

- Major Industry Sponsor (commercially exclusive sessions)
- Available for Non Commercial organizations and secondary satellites by Major Industry Sponsors
- Breaks
- Programme Sessions

Abstract Categories

Track A: HIV Basic Science

Scope and Objectives

This track will encompass all aspects of fundamental HIV biology and the host response to HIV. Areas of focus will include HIV infection and replication, transmission, genetics, evolution, structure and function, pathogenesis, adaptive and innate immune responses to HIV, genetic susceptibility to HIV, co-infection, and progress in animal models. Pre-clinical vaccine, microbicide and drug development will be important themes of this track.

Basic Retrovirology

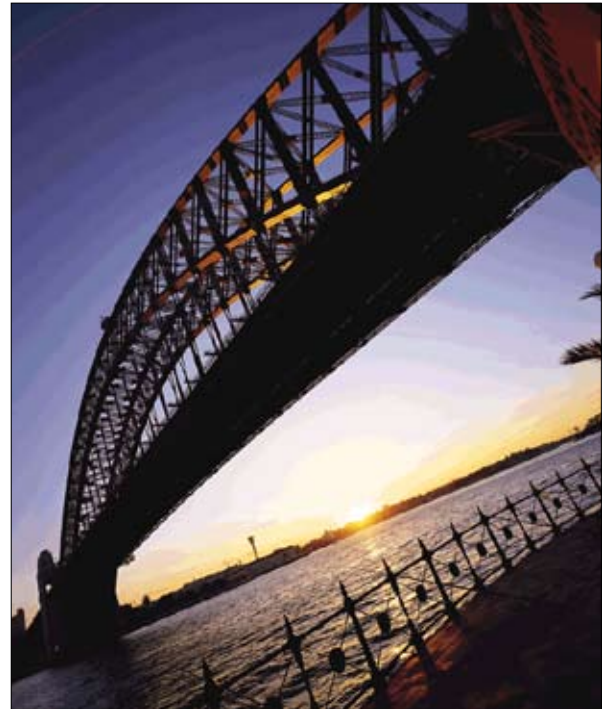
- A1 HIV-1: Attachment, receptors and co-receptors, penetration and tropism
- A2 HIV-1: Reverse transcriptase and integration
- A3 HIV-1: Viral assembly and maturation
- A4 Regulatory gene functions and proteins
- A5 Accessory gene functions
- A6 Regulation of HIV gene expression
- A7 HIV-1: Viral dynamics and fitness
- A8 HIV-2
- A9 Other human and animal retroviruses

Immunology

- A10 Adaptive immunity
- A11 Innate immunity
- A12 Virus-specific humoral immunity
- A13 Virus-specific cellular immunity
- A14 Cytokines & chemokines
- A15 Mucosal immunity/defenses
- A16 Pre-clinical development of immune based therapies
- A17 T regulatory cells

Pathogenesis

- A18 Viral determinants of HIV pathogenesis
- A19 Acute early infection
- A20 NeuroAIDS: Viral strains and host pathogenesis
- A21 Host genetics of resistance and susceptibility
- A22 Signalling mechanisms and pathways
- A23 Early invasion of lymphoid tissues
- A24 Chronic T cell activation and HIV/SIV pathogenesis
- A25 Mechanisms of T cell depletion and dysfunction
- A26 HIV latency and reservoirs
- A27 Humoral immune dysfunction



Intracellular Restriction of HIV Replication

- A28 Viral persistence and latency
- A29 Viral control by small RNA
- A30 APOBEC and TRIM proteins
- A31 Other host restriction factors

Viral Diversity and Bioinformatics

- A32 HIV diversity
- A33 HIV superinfection
- A34 HIV-1: Origins and evolution
- A35 Bioinformatics and gene expression
- A36 Mathematical models

AIDS Vaccines

- A37 Preclinical development of HIV vaccines
- A38 Basic immunology of clinical vaccine studies
- A39 Adjuvants and therapeutic vaccines
- A40 Animal models for HIV vaccine development

Microbicides

- A41 Pre-clinical development of HIV microbicides
- A42 Animal and tissue explant models for HIV transmission

Drug Development

- A43 HIV drug development
- A44 Pre-clinical drug/drug interactions
- A45 Mechanisms of antiviral resistance
- A46 Nucleic acid based HIV and SIV therapies
- A47 Pharmacogenomics

HIV Transmission and Co-infection

- A48 Animal models of transmission, disease resistance and progression
- A49 HIV-1 and HIV-2 co-infection
- A50 Mucosal transmission
- A51 Mother-to-child transmission
- A52 Inter- and intra-subtype co-infection
- A53 HIV-hepatitis virus interactions
- A54 Interactions with other viruses
- A55 Mycobacteria
- A55 Malaria
- A57 Other non-viral pathogens

TRACK B: Clinical Research, Treatment and Care

Scope and Objectives

This track will highlight the latest research findings, complexities and controversies related to the diagnosis, natural history and management of HIV infection; prevention, diagnosis and treatment of opportunistic infections; co-infection and other comorbidities; antiretroviral therapy and immunotherapy. Issues for discussion related to antiretroviral therapy will include new drug therapies, pharmacokinetics, drug interactions, adherence, short- and long-term adverse events, clade types and drug resistance. Approaches to treatment, care and support in specific populations including infants and children, adolescents, women (including prevention of mother-to-child transmission), marginalized groups and innovations related to diagnosis and to provision of HIV care in resource-limited settings will be addressed.

Course of Infection and Disease

- B1 Impact of co-factors/viral clade
- B2 Prognostic staging of disease
- B3 Primary infection
- B4 Disease burden – morbidity/mortality
- B5 Mother-to-child transmission

Diagnosis and Monitoring Tools

- B5 Rapid tests/home tests
- B6 Diagnostic and laboratory monitoring tools including in the context of resource-poor settings
- B7 Measurement of CD4 T-cell subpopulations in monitoring immune reconstitution
- B8 Voluntary counselling and testing
- B9 Viral resistance testing in clinical practice
- B10 Viral fitness assays
- B11 Viral tropism assays

HIV-Associated Diseases

- B12 Opportunistic infections (excluding TB)
- B13 Mycobacterial (including TB and MAC) infections
- B14 Non-OI related clinical infections
- B15 Neurologic manifestations
- B16 Malaria and other parasitic infections
- B17 Disorders of immune reconstitution
- B18 Malignancies (KS, lymphoma, cervical and anal carcinoma)
- B19 Co-infections: HBV, HCV, HHV-8, syphilis
- B20 Other sexually transmitted infections (STI), including HPV
- B21 Psychiatric conditions

Antiretroviral Therapies

- B22 Clinical trials - phase I/II
- B23 Clinical trials - phase III/post-licensing
- B24 Clinical trials: paediatric
- B25 Primary infection and acquired viral resistance
- B26 Pharmacology, pharmacokinetics, role of therapeutic drug monitoring, drug interactions
- B27 Initiation of therapy and first line regimens
- B28 Switching therapy & salvage therapy regimens
- B29 Treatment interruptions, CD4 guided therapy
- B30 Simplification (induction/maintenance) strategies
- B31 ARV in resource poor settings - scaling up, treatment strategies, simplification
- B32 Lipodystrophy, metabolic abnormalities, cardiovascular disease
- B33 Other adverse reactions & complications of ARV therapy
- B34 Adherence/Compliance

Vaccines and Immune-Based Therapies

- B35 Clinical trials of therapeutic vaccines
- B36 Immune-based therapies
- B37 Gene therapies

Other Therapies

- B38 Nutrition, complementary therapy
- B39 Traditional medicines
- B40 Preventative vaccines e.g. pneumococcal, hepatitis and HPV

Provision of Care and Therapy

- B41 Primary care and health maintenance
- B42 Palliative care/Terminal care
- B43 Home care/ Nursing and holistic care
- B44 Pediatrics - infants, children, adolescents, disclosure of HIV disease
- B45 Provision of care and therapy in injection drug users (IDUs)
- B46 Impact of methamphetamines and other drugs in HIV
- B47 Difficult to treat populations
- B48 Special care issues for women
- B49 Delivery of care in resource-limited settings
- B50 Cultural issues in care and therapy
- B51 Access to therapy and strategies for delivery of care
- B52 Pharmacoeconomics of care and treatment

TRACK C: Biomedical Prevention**Scope and Objectives**

This track will focus on HIV/AIDS prevention research and issues related to the design, implementation and evaluation of prevention programmes. It will include examination of methodological and programmatic advances in the continuum of prevention research, particularly best practices in HIV prevention for vulnerable populations in resource-limited settings. Strategies to increase HIV prevention capacity, approaches to translate prevention research into practice, efforts to promote preparedness for biomedical prevention technologies, and research on new prevention approaches including microbicides, vaccines, pre- and post exposure prophylaxis, circumcision and other methods will be presented.

Prevention of Mother-to-Child Transmission

- C1 Infant feeding
- C2 Antiretroviral treatment
- C3 Clinical trials

Microbicides and Barrier Methods

- C4 Acceptability
- C5 Adherence
- C6 Efficacy trials

Preventive Vaccine

- C7 Early phase trials
- C8 Efficacy trials

Other Biomedical Interventions to Prevent HIV

- C9 Blood, organ and tissue safety
- C10 Male circumcision
- C11 STI control
- C12 Pre-exposure prophylaxis
- C13 Post-exposure prophylaxis
- C14 Drug substitution and other harm reduction strategies
- C15 Antiretroviral therapy as prevention

Other Issues in Biomedical Prevention

- C16 Incidence assessment
- C17 Behavioural research in the context of biomedical prevention
- C18 Site development and capacity building for prevention studies
- C19 Ethical issues in biomedical prevention, including standard of care
- C20 Community involvement in biomedical prevention
- C21 Modelling the impact of biomedical prevention



Guidelines for Abstract Submission

Call for Abstracts

The 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention welcomes the submission of abstracts for original contribution to the field. All abstracts submitted will go through a blind, peer-review process carried out by an international review panel. Each abstract will be reviewed by no fewer than three reviewers and the final selection of abstracts will be done by members of the Scientific Programme Committee in April 2007. All accepted abstracts will appear in their full form in the abstract book, on the abstract CD-ROM and on the conference and IAS websites. The CD-ROM will be available at the conference.

Guidelines

The deadline for abstract submission is midnight Central European Time (CET) on 1 March 2007. Abstracts will not be accepted after this date (except late breakers). Please submit your abstract online at www.ias2007.org.

Follow the guidelines listed on the website closely to avoid mistakes. To help you with your abstract submission, the following general guidelines have been drafted:

- All abstracts must be written in English.
- All abstracts must be submitted online through the conference website at www.ias2007.org. Abstracts sent by fax, post or email will not be considered.
- It is the author's responsibility to submit a correct abstract. Any errors in spelling, grammar or scientific fact will be reproduced as submitted by the author.
- Abstracts must not have been published or submitted for presentation to any other open national or international meeting. Accepted abstracts may not be published in any form or presented at any other open national or international meeting before 22 July 2007.
- Fields in the abstract form marked with a red star are mandatory.
- The text should not exceed 300 words.

The text of the abstract should briefly state:

- **Objectives:** indicate the purpose of the study or the hypothesis that was tested,
- **Methods:** include the setting for the study, the subjects, the diagnosis or intervention, and the type of statistical analysis. If references are needed, they should be provided in the text,
- **Results:** present as clearly as possible the outcome of the study and statistical significance, if appropriate,
- **Conclusions:** briefly discuss the data and emphasize the significance of the results.

All abstracts should disclose primary findings and avoid, whenever possible, promissory statements such as "experiments are in progress" or "results will be discussed."

The submitting author will be viewed as the presenting author unless otherwise indicated. A confirmation of receipt, with the personal page password, will be sent by email upon submission of an abstract. After an abstract has been submitted, modifications can be made via the personal page before the abstract submission deadline of 1 March 2007.

A confirmation of acceptance or rejection will be sent to the presenting author. Only the presenting author will receive mail concerning the abstract and is responsible for informing all co-authors of the status of the abstract. Authors whose abstracts have been accepted will receive instructions for presenting their abstract.

If an electronic submission is impossible, please contact the conference secretariat at abstracts@ias2007.org.

eJIAS Online Abstract Mentoring

The abstract mentoring programme is coordinated under the auspices of the electronic Journal of the International AIDS Society (eJIAS) and matches less-experienced abstract authors with more experienced peers to strengthen the quality of abstracts submitted and ensure that limited experience in this area does not prevent important research results from being presented at IAS 2007. Through this programme, mentors work with interested abstract submitters to help them develop an abstract that effectively communicates their research project and results. To request a mentor, visit www.ias2007.org. Information on eJIAS is available at www.eJIAS.org.

ANRS/IAS Prizes

To support young researchers in the area of research programmes in resource-limited settings, the ANRS (Agence Nationale de Recherche sur le Sida) together with the IAS offers the ANRS/IAS prize and the IAS Young Investigator Awards.

There is no separate application process for the IAS Young Investigator Awards and ANRS/IAS Prizes, though authors who wish to be considered must indicate so on the abstract submission form. Award recipients from each of the three scientific tracks will be selected based on abstracts submitted to the conference.

Guidelines for Registration

All registrations (regular delegates, students/post-docs, accompanying persons and media representatives) for the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention must be submitted using the online registration form at www.ias2007.org.

Registration Fees

The registration fee for regular delegates, students/post-docs and media representatives includes entry to all conference sessions, the exhibition and poster area, the opening ceremony, welcome reception and the closing ceremony.

Conference publications, including the final programme and abstract CD-ROM, are also included.

We urge all delegates to register early. Fees must be submitted in US\$ only.

OECD countries are member countries of the Organisation for Economic Co-Operation and Development. Additional information, including the list of OECD countries, is available at www.oecd.org.

Student Registration

To qualify for the students/post-docs registration fee, students will be asked to present proof of full-time enrolment at an accredited university or college, or a letter from the head of the laboratory.

Accompanying Persons Registration (including Children)

A special registration package is available for persons accompanying regular delegates. This package is available for US\$250 and includes entry to the opening ceremony, the welcome reception, a city tour and the closing ceremony.

Scholarship Programme

The conference organizers are committed to making the conference accessible to scientists and clinicians from developing countries, and to young scientists (e.g. doctoral students and post-doctoral fellows) and young clinicians globally. Scholarships can be full (include registration, air travel, accommodation and a small living allowance) or partial (a combination of the above). A limited number of community scholarships will be allocated to treatment and/or prevention advocates. The selection criteria for the scholarship programme will be determined by the scholarship working group. For IAS 2005, more than 1,800 scholarship applications were received and approximately 200 scholarships were awarded. We expect competition for scholarships for the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention to be even greater. Scholarship application forms will be available on the conference website and applications can be submitted online. The deadline for applications is 1 March 2007.

Accommodation

To make a hotel reservation for the period of the conference, please visit the conference website at www.ias2007.org.

Accommodation has been reserved for delegates and exhibitors in a range of apartment and hotel rooms. All rates are indicative of room-only rates. All hotels and apartments are within a 25 minute or less walk to the Sydney Convention and Exhibition Centre and are conveniently located close to public transport routes.

Room descriptions and all available prices may be viewed on our website.

| Star Rating | Hotel | Walking Distance to Sydney Convention Centre | Indicative Room-Only Rate per Room per Night (USD\$) |
|-------------------|-----------------------------------|--|--|
| 5 Star Hotels | Hilton Sydney | 15-20 minutes | From US\$297 |
| | Shangri-La Hotel Sydney | 25-30 minutes | From US\$240 |
| | Sheraton on the Park | 15-20 minutes | From US\$240 |
| | Star City Hotel and Apartments | 8 minutes | From US\$214 |
| | Swissôtel Sydney on Market | 15-20 minutes | From US\$218 |
| 4-4.5 Star Hotels | Avillion Hotel Sydney | 15-20 minutes | From US\$195 |
| | Carlton Crest Hotel Sydney | 10 minutes | From US\$146 |
| | Crowne Plaza Darling Harbour | 6 minutes | From US\$188 |
| | Four Points by Sheraton Sydney | 8 minutes | From US\$188 |
| | Holiday Inn Darling Harbour | 5 minutes | From US\$158 |
| | Novotel Sydney on Darling Harbour | 3 minutes | From US\$195 |
| | Novotel Rockford Darling Harbour | 4 minutes | From US\$161 |

| Star Rating | Hotel | Walking Distance or Travelling time to Sydney Convention Centre | Indicative Room-Only Rate per Room per Night (USD\$) |
|-----------------------|---|---|--|
| 4-4.5 Star Apartments | Clarion Suites Southern Cross Darling Harbour | 7 minutes | From US\$143 |
| | Grand Mercure Apartments One Darling Harbour | 5 minutes | From US\$262 |
| | Pacific International Apartments | | From US\$142 |
| | Somerset Darling Harbour | 7 minutes | From US\$169 |
| | | | |
| 3-3.5 Star Hotels | Hotel Ibis Darling Harbour | 4 minutes | From US\$134 |
| | Metro Hotel on Pitt | 10-15 minutes | From US\$131 |
| | Metro Hotel on Sydney Central | 12 minutes | From US\$116 |
| | Travelodge Hotel Sydney | 20-25 minutes | From US\$105 |



Conference Venue

The conference will take place at the Sydney Convention and Exhibition Centre, Darling Drive, Darling Harbour, Sydney.

The Sydney Convention & Exhibition Centre is a large purpose-built facility set in 50 hectares of parks, gardens, museums, shopping malls and amusement areas. Nestled on the shores of Darling Harbour, the venue has magnificent views of the city and is only a short walk to a number of tourist attractions. The Convention Centre is conveniently located close to the Central Business District and many of the conference hotels.

For information on the convention centre, please visit www.scec.com.au

Lounge for Delegates Living with HIV/AIDS

The PLWHA lounge will be a place of rest, support and networking. For many delegates living with HIV/AIDS, the PLWHA lounge can be a valuable part of their conference experience, providing opportunities to meet and talk with other PLWHA from across the globe in a relaxed and nurturing environment. The lounge will provide complimentary snacks, spaces for informal meetings and relaxation, and private facilities for taking medication.

First Aid and Medical Services

Fully equipped and staffed first aid offices will be available on-site to assist with referrals for HIV/AIDS treatment, methadone treatment and other support services.

Child Care Centre

The conference organizers will provide limited child care. For further information regarding on-site facilities and opening hours, please visit www.ias2007.org

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General Information

Sydney, Australia's gateway city and the capital of New South Wales is built around one of the largest, most beautiful harbours in the world and along miles of golden surf beaches which stretch north and south of the city on the shore of the Pacific Ocean.

The beaches and harbour play a major role in the leisure and sporting lives of Sydneysiders - yachting, surfing, sailboarding, swimming, boating, fishing and waterskiing are all popular activities.

Many national parks and protected areas of natural bushland surround the city and the beautiful Blue Mountains are a short journey to the west.

Perhaps the most famous of Sydney's landmarks is the spectacular Sydney Opera House with its graceful 'sails'. The Opera House has become Sydney's cultural centre, offering opera, ballet, drama and film. The historic 'Rocks' area, site of the original white settlement, is nearby, and this part of the harbour foreshore is a hub of activity for both local residents and visitors.

Sydney is a vigorous, cosmopolitan city, a major industrial, business and commercial centre and is endlessly fascinating in its variety and its beauty.



Key Contact Information

Conference Programme

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Exhibition and Satellites

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Sponsorship

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