

SLEEP 2009 • JUNE 6-11, 2009

23RD ANNUAL MEETING OF THE ASSOCIATED PROFESSIONAL SLEEP SOCIETIES, LLC HOUSING BUREAU FORM

REGISTER ON-LINE:

www.sleepmeeting.org

TELEPHONE RESERVATIONS:

Toll Free: 1-888-877-0255

International: 206-461-5881

Monday - Friday, 8:30 a.m. - 5:30 p.m. PST.

*Please have credit card and arrival and departure dates ready.

MAIL FORM TO:

APSS Seattle Housing Bureau
701 Pike Street Suite 800
Seattle, WA 98101

FAX REGISTRATION FORM

206-461-5853

Do not mail after faxing

*Contact the housing bureau for any changes or cancellations on or before May 21. After May 21, call your hotel directly regarding your reservation.

- **Room blocks of 10 or more will need to be approved by the APSS. Submit room block requests to Amber Josi at ajosi@aasmnet.org. Once approved, please mail or fax your request to the APSS Housing Bureau.**
- Photocopy this form if more than one room is required.
- Only one room may be requested under each name.
- Room types are assigned on a first-come, first-served basis.
- If preferred hotels are not available, the Housing Bureau will select closest available property.
- Allow up to 7 days for your hotel acknowledgement. Review all information for accuracy. Upon submission of your reservation, acknowledgements are generated by e-mail (immediately), fax (within the hour) or mail.
- For cancellations with a check deposit, refunds will be made after the event.
- If your acknowledgement has not been received within 14 days after sending request please contact the Housing Bureau.
- After May 7, 2009, rooms and rates are based upon availability.

Deadline of May 7, 2009

HOTEL PREFERENCE:

(Refer to map on page 5 for rates).

Occupancy tax is currently 15.6%. Taxes are subject to change.

1. _____
2. _____
3. _____

➤ Arrival Date: _____

➤ Departure Date: _____

DEPOSIT METHOD: A check in the amount of \$300 (US Funds) or a major credit card number is required to secure each room before a reservation may be processed. Please identify your method of deposit and/or guarantee. Early departures are subject to penalty fees set by the hotel. A charge of first night's room and tax will be applied and/or forfeited if you do not cancel or do not arrive (no-show).

CREDIT CARD: After May 7, 2009, cancellations will be charged a \$25.00 Cancellation Fee. Cancellations within 72 hours prior to the day of arrival will be charged a first night's room and tax. Credit cards will only be charged if cancelled within the penalty period.

CHECK: Checks should be made payable to APSS Seattle Housing Bureau. After May 7, 2009, cancellations will forfeit a \$25.00 Cancellation Fee. Cancellations within 72 hours prior to the day of arrival will forfeit the entire deposit.

EXHIBITOR CANCELLATION: Please refer to the exhibitor prospectus for the exhibitor cancellation policy.

Card No.: _____ Exp: _____

Name: _____

Signature: _____

Check No.: _____ Amount: _____

CONFIRM RESERVATION TO:

(Only one acknowledgement will be sent)

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please Print Clearly

LIST NAMES OF ALL OCCUPANTS:

(List all occupants' arrival and departure dates, if different)

1. _____
2. _____
3. _____
4. _____

Maximum room occupancy is four (4) per city code

ROOM TYPE REQUESTED: (PLEASE CIRCLE CHOICES)

King Bed 2 Double Beds Wheelchair Accessible

Non-Smoking Other: _____

Number of persons in room: 1 2 3 4