

APPLICATION TO HOLD AN INDUSTRY SUPPORTED EVENT

SLEEP 2010 24TH ANNUAL MEETING OF THE ASSOCIATED PROFESSIONAL SLEEP SOCIETIES, LLC

San Antonio, Texas - June 5-9, 2010

SUBMISSION DEADLINE: DECEMBER 31, 2009

My signature below verifies that I have read and understand the conditions of this application, as well as the conditions and regulations published in the "Guidelines for Industry Supported Events" document. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I accept responsibility for informing all of our employees, speakers, supporters and event organizers of these conditions and for ensuring that they will abide by them also. I further understand the penalties, which may be assessed if we are in violation of these conditions. I also understand the cancellation policy for canceling our event.

Signature: _____ Date: _____ \$2,000 deposit enclosed made payable to APSS
(Authorized Industry Supported Event Representative) (U.S. Funds drawn on a U.S. Bank)

Name of Event: _____

Please indicate where and when you propose to hold your event:

Requested Location (1st choice): _____ Requested Location(2nd choice): _____
(selection of a venue is the responsibility of the event organizer)

Date/time will be determined by the APSS Program Committee:

Requested Date (1st choice): _____ Start Time: _____ End Time: _____
Requested Date (2nd choice): _____ Start Time: _____ End Time: _____

Will there be food and beverage as part of the event? YES or NO

Planning Organization Contact Information:

Organization: _____

Contact Name and Title: _____

Address: _____

City/ State/ Postal Code/Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Commercial Organization Contact Information:

Organization: _____

Contact Name and Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Will there be CME offered? YES or NO

CME Provider Contact Information:

Organization: _____

Contact Name and Title: _____

Address: _____

City/ State/ Postal Code/Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Please Attach the Following Information:

- Event Speakers and Contact Information
- Event Outline and Schedule
- Content Description

Application must be received by the APSS Meeting Department by December 31, 2009. Please address applications with attachments to:

APSS Meeting Department, One Westbrook Corporate Center, Suite 920, Westchester, IL 60154

Fax: (708) 273-9354 OR e-mail to: Kathy Lovato, Meeting Planner at klovato@aasmnet.org