

# SLEEP 2010 REGISTRATION FORM



## Section I - Registration Information (please type or print clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Company: \_\_\_\_\_ Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ (E-mail address is required to receive confirmation)

**Degree(s) please check:**  MD  PhD  MD/PhD  CPSGT  RPSGT  DO  DDS  RN  Other  
**Primary Specialty please circle:** Sleep Psychiatry Neurology Pulmonary Medicine Pediatrics Dentistry Psychology ENT Internal Medicine Nursing Neuroscience Other

**Special Services**  Please check here if you require special services to fully participate at the meeting. Attach a written description of your needs.

## Section II - General Session Registration - Reference pages 42-44 for descriptions of each registration category.

Registration Type	on or before 4/21	4/22-5/26	
<input type="checkbox"/> AASM/SRS/Dual Individual Member*	\$200	\$275	*Registrants must have AASM/SRS individual membership status at the time of registration.  May 26, 2010, is the pre-registration deadline; increased fees apply to on-site registrants.
<input type="checkbox"/> Nonmember	\$350	\$425	
<input type="checkbox"/> Resident/Postdoctoral Member	\$110	\$110	
<input type="checkbox"/> Resident/Postdoctoral Nonmember - complete section II.b	\$150	\$150	
<input type="checkbox"/> Student/Predoctoral Member	\$60	\$60	
<input type="checkbox"/> Student/Predoctoral Nonmember - complete section II.b	\$90	\$90	
<input type="checkbox"/> AAST Member - includes CECs for AAST meeting	\$220	\$295	
<input type="checkbox"/> Technologist (AAST Nonmember) - does not include CECs	\$240	\$325	
<input type="checkbox"/> Guest (Family members only)	\$25	\$25	
Guest Name: _____			

**Section II Total:**  
\$ \_\_\_\_\_

**Section II.b.** - To register as a student nonmember, you must currently be a student enrolled in a formal training program. Students in the field of sleep technology are not eligible for this registration category.

By checking this box, I am verifying that I am currently a student enrolled in a formal training program. I give permission to contact my program director to verify my student status. My program director's name and e-mail are listed below.  
 Program Director's Name: \_\_\_\_\_ Program Director's E-mail Address: \_\_\_\_\_

Ticketed sessions: All registrants must complete Section II - General Session Registration prior to registering for any of the following sections. Postgraduate courses, meet the professors sessions, lunch and learn sessions and the networking reception are ticketed sessions and have limited seating. If you are registering after the cancellation deadline of May 19, 2010, it is highly recommended that you view the current list of sold out sessions on [www.sleepmeeting.org](http://www.sleepmeeting.org). The APSS does not offer a waiting list for sold out sessions.

## Section III - Postgraduate Course Registration

There is no limit to the number of courses for which you can register. Reference pages 14-19 for titles and descriptions of each postgraduate course.

**Saturday, June 5**  
 Full-day Courses \$150 Member, \$200 Nonmember  C01  C02  C03  C04  
 Half-day Courses \$85 Member, \$150 Nonmember  C05  C06

**Sunday, June 6**  
 Full-day Courses \$150 Member, \$200 Nonmember  C07  C08  C09  C10  
 Half-day Courses \$85 Member, \$150 Nonmember  C11  C12

**Sunday, June 6**  
 AAST Full-day Courses \$130 Member, \$185 Nonmember  A01  A02  A03  A04

**Section III Total:**  
\$ \_\_\_\_\_

## Section IV - Meet the Professor Registration - 12:30pm - 1:30pm

Reference page 40 for titles and descriptions of each meet the professor session.

**Monday, June 7** M01 - M08, Choice 1: Course # M \_\_\_\_, Choice 2: Course # M \_\_\_\_, Choice 3: Course # M \_\_\_\_  
**Tuesday, June 8** M09 - M16, Choice 1: Course # M \_\_\_\_, Choice 2: Course # M \_\_\_\_, Choice 3: Course # M \_\_\_\_  
**Wednesday, June 9** M17 - M24, Choice 1: Course # M \_\_\_\_, Choice 2: Course # M \_\_\_\_, Choice 3: Course # M \_\_\_\_  
 Fee per session: \$45 Member, \$55 Nonmember

**Section IV Total:**  
\$ \_\_\_\_\_

## Section V - Lunch and Learn Registration - 12:30pm - 1:30pm

Reference page 41 for titles and descriptions of each lunch and learn session.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Monday, June 7</b>    | L01: Predicting Fatigue in the Real World; Ready for Prime Time?            |
| <input type="checkbox"/> <b>Tuesday, June 8</b>   | L02: Best Approach for CPAP Intolerant Subjects: Oral Appliance vs. Surgery |
| <input type="checkbox"/> <b>Wednesday, June 9</b> | L03: Sleep vs. Circadian Effects on Learning and Memory                     |

Fee per session: \$40 Member, \$50 Nonmember

**Section V Total:**

\$ \_\_\_\_\_

## Section VI - Credits

Reference pages 6-7 for information on continuing education.

### SLEEP 2010 Credits

- |   |                              |
|---|------------------------------|
| <input type="checkbox"/> Continuing Medical Education (CME) Credit for Physicians       | \$20 Member/ \$35 Nonmember  |
| <input type="checkbox"/> Continuing Education (CE) for Psychologist                     | \$40 Member / \$40 Nonmember |
| <input type="checkbox"/> Continuing Education (CE) Contact Hours for Nurse Practitioner | \$20 Member / \$35 Nonmember |
| <input type="checkbox"/> Letter of Attendance for Non-physicians and Non-psychologists  | \$20 Member / \$35 Nonmember |

### AAST 32nd Annual Meeting Credits

- |  |                |
|--|----------------|
| <input type="checkbox"/> Continuing Education Credits (CEC) for Technologist attending AAST 32nd Annual Meeting* | \$20 Nonmember |
|--|----------------|

\*CEC fee is included in the General Registration for AAST members only.

**Section VI Total:**

\$ \_\_\_\_\_

## Section VII - 2010 Abstract CD-ROM

Reference page 3 for a description of the 2010 Abstract CD-ROM.

I would like \_\_\_\_\_ 2010 Abstract CD-ROM(s) \$15/CD-ROM

**Section VII Total:**

\$ \_\_\_\_\_

## Section VIII - Welcome to San Antonio Networking Reception

Reference page 20 for information on the fundraising event.

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Friends of the Foundation | 10 tickets = \$2,500    |
| <input type="checkbox"/> Friends of the Foundation | 20 tickets = \$5,000    |
| <input type="checkbox"/> Friends of the Foundation | 30 tickets = \$10,000   |
| <input type="checkbox"/> Individual Ticket         | \$50 x _____ = \$ _____ |

**Section VIII Total:**

\$ \_\_\_\_\_

**Please total each section on both sides of this registration form.**

**Grand Total \$ \_\_\_\_\_**

Payment in full must accompany registration in order for it to be processed. Payment may be in the form of a check drawn on a U.S. bank, international money order, or MasterCard/ Visa/American Express. Registrations will be returned unprocessed if proper payment is not provided or form is incomplete. A \$50.00 administrative fee will be withheld on cancellations postmarked on or before Wednesday, May 19, 2010. No refunds are possible after this date. The final date to pre-register is Wednesday, May 26, 2010. Registration forms received after this date will be processed on site at the on-site registration desk. Registration confirmations will be e-mailed approximately 2 business days after the receipt of your registration.

By submitting this registration form, the registrant/payer agrees to abide by the membership disclaimer on page 42.

## Payment Method

**Check:** Make checks payable to APSS.

**Credit Card** (Check One):  MasterCard  Visa  American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Validation Code\* \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*For Visa or MasterCard, the validation code is the last 3 numbers in the signature box.

\*For American Express, the validation code is the 4 numbers above the credit card number.

**Please choose ONE of the following methods to submit a registration form (registrations are not accepted by phone):**

**Online** (credit card only):  
www.sleepmeeting.org

**Fax** (credit card only):  
(708) 273-9354

**Mail** (check or credit card):  
APSS, Attn: Meeting Department  
One Westbrook Corporate Center, Suite 920  
Westchester, IL 60154