



AFFILIATE MEETING REQUEST APPLICATION

SLEEP 2017 | 31st Annual Meeting of the Associated Professional Sleep Societies, LLC
Hynes Convention Center | Boston, MA | June 3-7, 2017

APPLICATION MUST BE RECEIVED BY THE APSS MEETING DEPARTMENT BY MAY 19, 2017

Thank you for your interest in securing hotel meeting space during SLEEP 2017. We request that you submit one application for each event requested. Applications are accepted between February 1 and May 19, 2017. Once your application is processed and approved, you will receive an email with contact information for the official SLEEP contracted hotels in the Boston area. You are encouraged to contact the hotel of your choice and work directly with them to make the final plans for your event. Any cost incurred with your event will be billed directly to you by the hotel.

There is a non-refundable fee of \$100.00 per event. The application will not be reviewed until the fee is received.

Please note: APSS Corporate Supporter Members get a discount on this fee.

AFFILIATE FUNCTIONS MAY NOT BE SCHEDULED DURING THE FOLLOWING BLACKOUT PROGRAM HOURS:

Sunday, June 4: 1:00pm – 6:15pm | Monday, June 5 – Wednesday, June 7: 8:00am – 6:00pm

Company Name: _____

Primary Contact Person: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Email: _____

Function Type: Meeting Staff Meeting Reception Dinner Multi-day Use

Purpose of Meeting (50-word maximum): _____

Date(s) of Meeting: _____ Time(s) of Meeting: _____

Preferred Location(s): _____

Estimated Attendance: _____ Estimated Number of SLEEP Participants: _____

Food, Beverage, and Audio Visual Requirements (50-word maximum):

Additional Information/Comments (50-word maximum):

PAYMENT INFORMATION:

Personal Check or Money Order

CHECKS AND INTERNATIONAL MONEY ORDERS SHOULD BE MADE PAYABLE TO THE APSS.
CHECKS WILL NOT BE ACCEPTED UNLESS THEY ARE MADE IN U.S. FUNDS DRAWN ON A U.S. BANK.

Credit Card

Please charge (Grand Total): \$ _____

To my (check one) Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ Validation Code*: _____

Name on Card: _____ Signature: _____

*FOR VISA OR MASTERCARD, THE VALIDATION CODE IS THE LAST THREE DIGITS IN THE SIGNATURE BOX. FOR AN AMERICAN EXPRESS, THE VALIDATION CODE IS THE FOUR NUMBERS ABOVE THE CREDIT CARD NUMBER.

PLEASE SUBMIT FORM TO

APSS Meeting Department
Attn: SLEEP 2017
2510 North Frontage Road
Darien, IL 60561

Phone: (630) 737-9700
Fax: (630) 737-9789
Email: sleepmeeting@sleepmeeting.org