



APPLICATION TO HOST EXECUTIVE SUITE

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 APRIL 19, 2017

Organization: _____

Contact Person & Title: _____

Address: _____

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

Telephone: _____ Email: _____

RULES AND REGULATIONS

All rules and regulations in the Sponsorship Agreement, Exhibitor Prospectus and Sponsorship Guide apply to the Executive Suites.

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 Sponsorship Guide, "Guidelines for Executive Suite". 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, as well as the cancellation policy for cancelling the Executive Suite.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

(AUTHORIZED INDUSTRY SUPPORT EVENT REPRESENTATIVE)

\$7,500 payment enclosed (FOR APPLICATIONS SUBMITTED BY 3/8/2017)

\$9,500 payment enclosed (FOR APPLICATIONS SUBMITTED BETWEEN 3/8/2017 AND 4/19/2017)

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.

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