



# HOUSING 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 APRIL 21, 2017**

Exhibiting Company: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Arrival: \_\_\_\_\_ Date(s) of Departure: \_\_\_\_\_

Number of Rooms Required\*: \_\_\_\_\_

Preferred Location(s): \_\_\_\_\_

Blocks of 10 or more rooms will not be permitted at the Sheraton Boston.

\*The APSS will only approve a block of rooms if it is equal to or less than the number of rooms that the group utilized during the previous year's annual meeting. If the group requires additional accommodations, please provide the rationale in the additional information/comments space below.

Additional Information/Comments (50-word maximum):

**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](mailto:sleepmeeting@sleepmeeting.org)