



# APPLICATION TO SPONSOR INDUSTRY PRODUCT THEATER

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 MARCH 8, 2017**

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 Industry Product Theaters". 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 canceling our product theater.

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

(AUTHORIZED INDUSTRY SUPPORT EVENT REPRESENTATIVE)

\$20,000 payment enclosed and made payable to the APSS (Monday or Tuesday)

\$15,000 payment enclosed and made payable to the APSS (Wednesday only)

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.

Name of Event: \_\_\_\_\_

**DATE WILL BE DETERMINED BY THE APSS MEETING DEPARTMENT**

Theaters are available during lunch (12:30pm – 1:30pm) on Monday, June 5; Tuesday, June 6 and Wednesday, June 7, 2017.

Requested Day (1st Choice): \_\_\_\_\_ Requested Day (2nd choice): \_\_\_\_\_

Will you be utilizing the food and beverage that is included in the sponsorship?      Yes                      No

## ON-SITE CONTACT INFORMATION

Company Name: \_\_\_\_\_

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

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

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

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

### PLEASE ATTACH THE FOLLOWING INFORMATION:

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

### 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)