



# APPLICATION TO HOST INDUSTRY SUPPORTED EVENT

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 Supported Events". 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 event.

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

(AUTHORIZED INDUSTRY SUPPORT EVENT REPRESENTATIVE)

\$10,000 payment enclosed and made payable to the APSS

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.

Remaining balance of \$10,000 is due **April 5, 2017**

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

## PLEASE INDICATE WHERE AND WHEN YOU PROPOSE TO HOLD YOUR EVENT:

Requested Location (1st choice): \_\_\_\_\_ Requested Location (2nd choice): \_\_\_\_\_

(SELECTION OF A VENUE IS THE RESPONSIBILITY OF THE EVENT ORGANIZER)

Date/Time will be determined by the APSS Program Committee:

Requested Date (1st Choice): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Requested Date (2nd Choice): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Will there be food and beverage as part of this event?  Yes  No

## 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)

**PLANNING ORGANIZATION CONTACT INFORMATION:**

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**COMMERCIAL ORGANIZATION CONTACT INFORMATION:**

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Will there be CME offered?  Yes  No

**CME PROVIDER CONTACT INFORMATION:**

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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