

COURSE ADDITION REGISTRATION FORM



Registration Information (Please print clearly)

Last Name: _____ First Name: _____

Badge# (found in confirmation email) or Email address: _____

Postgraduate Course Registration – There is no limit to the number of courses for which you can register

	Full-day Courses \$150 Member, \$200 Nonmember	Half-day Courses \$85 Member, \$150 Nonmember	
Saturday, June 3	<input type="checkbox"/> C01 <input type="checkbox"/> C02 <input type="checkbox"/> C03	<input type="checkbox"/> C04 <input type="checkbox"/> C05 <input type="checkbox"/> C06 <input type="checkbox"/> C07	Section Total: \$ _____
Sunday, June 4	<input type="checkbox"/> C08 <input type="checkbox"/> C09 <input type="checkbox"/> C10	<input type="checkbox"/> C11 <input type="checkbox"/> C12 <input type="checkbox"/> C13 <input type="checkbox"/> C14	

Meet the Professor Registration – Fee per session \$55 Member, \$65 Nonmember

Monday, June 5	M01 - M05	Choice 1: Course #M ____	Choice 2: Course #M ____	Choice 3: Course #M ____	Section Total: \$ _____
Tuesday, June 6	M06 - M10	Choice 1: Course #M ____	Choice 2: Course #M ____	Choice 3: Course #M ____	
Wednesday, June 7	M11 - M15	Choice 1: Course #M ____	Choice 2: Course #M ____	Choice 3: Course #M ____	

Lunch Debate Registration – Fee per session: \$40 Member, \$50 Nonmember

Monday, June 5	<input type="checkbox"/> L01: The Synaptic Basis of Sleep Function: SHY vs Synaptic Enhancement of Sleep	Section Total: \$ _____
Tuesday, June 6	<input type="checkbox"/> L02: Sleep Need: What is it and can it be Quantified?	
Wednesday, June 7	<input type="checkbox"/> L03: Is Sleep Testing Needed When Straightforward OSA is Suspected?	

Continuing Education Credits

SLEEP 2017 Credits	Member	Nonmember	
<input type="checkbox"/> Continuing Medical Education (CME) Credit for Physicians	\$25	\$40	Section Total: \$ _____
<input type="checkbox"/> Continuing Education (CE) Credit for Psychologists	\$50	\$50	
<input type="checkbox"/> Letter of Attendance for Others	\$25	\$40	
AAST 39th Annual Meeting Credits		Nonmember	Section Total: \$ _____
<input type="checkbox"/> Continuing Education Credits (CEC) for Nonmember Technologists attending AAST 39 th Annual Meeting*		\$20	

*CEC fee is included in the General Registration for AAST members only.

Please total each section on both sides of this registration form.

Grand Total: \$ _____

Payment in full must accompany registration in order for it to be processed. Payment may be in the form of a check drawn on a U.S. bank or MasterCard/Visa/American Express/Discover. Registrations will be returned unprocessed if proper payment is not provided or form is incomplete. A \$50 administrative fee will be withheld on cancellations postmarked on or before Friday, May 12, 2017. No refunds are possible after this date. The final date to pre-register is Friday, May 19, 2017. Registration forms received after this date will be processed on site at the on-site registration desk at the on-site registration rate. Registration confirmations will be emailed approximately 2 business days after the receipt of your registration.

By submitting this registration form, the registrant/payer agrees to abide by the terms and conditions listed in the preliminary program.

Payment Method

Check: Make payable to APSS Credit Card (check one) MasterCard Visa American Express Discover

Card Number: _____ Exp. Date: _____ Validation Code: _____ Cardholder Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Signature: _____ Date: _____

Please choose ONE of the following methods to submit a registration form (registrations are not accepted by phone):

Online (credit card only): email completed form to info@sleepmeeting.org

Fax (credit card only): fax completed form to (630) 737-9789

For questions, contact the APSS Meeting Department at (630) 737-9760 or visit www.sleepmeeting.org