

SLEEP 2017 REGISTRATION FORM



Registration Information (Please print clearly)

Last Name: _____ First Name: _____
 Company: _____ Department: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Telephone: _____ Fax: _____ Email: _____
 On-Site Mobile Number: _____ NPI Number: _____
(Emergency Only) *(Required for MDs Only)*

Degree(s): MD PhD RST CPSGT RPSGT DO DDS RN APRN PA Other: _____

Primary Specialty: Sleep Neurology Pediatrics Psychology Internal Medicine Neurophysiology Psychiatry
 Pulmonary Medicine Family Medicine Otolaryngology Anesthesiology Nursing Other: _____

Special Services: Please check here if you require special services to fully participate at the meeting. Attach a written description of your needs.

General Session Registration

Registration Type	On or before 4/21	4/22 – 5/19
<input type="checkbox"/> AASM/SRS/Dual Individual Member*	\$300	\$375
<input type="checkbox"/> Nonmember	\$525	\$600
<input type="checkbox"/> Resident/Postdoctoral Member	\$180	\$180
<input type="checkbox"/> Resident/Postdoctoral Nonmember - complete below	\$230	\$230
<input type="checkbox"/> Student/Predoctoral Member	\$95	\$95
<input type="checkbox"/> Student/Predoctoral Nonmember - complete below	\$135	\$135
<input type="checkbox"/> AAST Member* – Includes CECs for AAST Meeting	\$220	\$295
<input type="checkbox"/> Technologist (AAST Nonmember) – does not include CECs	\$325	\$400
<input type="checkbox"/> Guest (Family members only) Guest Name: _____	\$100	\$100

**Registrants must have AASM, SRS, or AAST individual membership status at the time of registration. May 19, 2017 is the pre-registration deadline; and additional \$25 fee applied to on-site registrants.*

Section Total:
\$ _____

To register as a student nonmember, you must currently be a student enrolled in a formal training program. Students in the field of sleep technology are not eligible for this registration category.

By checking this box, I am verifying that I am currently a student enrolled in a formal training program. I give permission to contact my program director to verify my student status. My program director's name and email are listed below.

Program Director's Name: _____ **Program Director's Email:** _____

Ticketed Sessions: All registrants must complete the General Session Registration section prior to registering for any of the following sections. Postgraduate courses, Meet the Professor sessions, and Lunch Debate sessions are ticketed sessions and have limited seating. A list of sold out sessions is available at www.sleepmeeting.org.

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
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

Section Total:
\$ _____

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 ____
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 ____

Section Total:
\$ _____

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

- Monday, June 5 L01: The Synaptic Basis of Sleep Function: SHY vs Synaptic Enhancement of Sleep
Tuesday, June 6 L02: Sleep Need: What is it and can it be Quantified?
Wednesday, June 7 L03: Is Sleep Testing Needed When Straightforward OSA is Suspected?

Section Total:
\$ _____

Continuing Education Credits

SLEEP 2017 Credits

- Continuing Medical Education (CME) Credit for Physicians
 Continuing Education (CE) Credit for Psychologists
 Letter of Attendance for Others

Member	Nonmember
\$25	\$40
\$50	\$50
\$25	\$40

AAST 39th Annual Meeting Credits

- Continuing Education Credits (CEC) for Nonmember Technologists attending AAST 39th Annual Meeting*

Nonmember
\$20

Section Total:
\$ _____

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

SRS: Club Hypnos – All attendees are welcome at no charge.

- SRS: Club Hypnos — Sunday, June 4, 6:30 PM - 8:00 PM, Sheraton Boston Hotel - FREE

If you would like to make an additional donation to the American Sleep Medicine Foundation or Sleep Research Society Foundation, check here to indicate amount and society to the right

ASMF \$ _____
 SRSF \$ _____

If you have a promo code, enter it here.	Promo Code: _____
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): www.sleepmeeting.org **Mail** (check or credit card): APSS, ATTN: Meeting Department
Fax (credit card only): (630) 737-9789 2510 North Frontage Road
Darien, IL 60561

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