



CASE REPORTS FOR CLINICAL TRAINEES SUBMISSION REQUEST FORM

BALTIMORE 2018

To: APSS Meeting Department
E-mail: presentations@sleepmeeting.org

Phone: (630) 737-9700

DEADLINE TO SUBMIT A CASE REPORT: December 15, 2017

Today's Date: _____

Contact Author's Name: _____

Contact Authors Email: _____

Title of Case Report: _____

In order to submit a case report for SLEEP 2018, you must be in clinical training. You are required to verify this by completing the information below:

I certify that I am in **clinical sleep medicine training** at the following institution: _____

Name of training director: _____

Email of training director: _____

To be completed by training director:

I verify that the author listed above is currently enrolled in a **clinical sleep medicine training program**.

Training Director Signature

Date

Copyright Assignment Statement

Accepted case reports will be published and copyrighted in the *SLEEP* abstract supplement. Check each of the boxes below to agree to the conditions of the copyright assignment statement. By submitting this case report, all authors have agreed to the below statements:

I/We attest that the submitted case report has not been previously published elsewhere and transfer, assign, or otherwise convey all copyright ownership of the submitted case report, including any and all rights incidental thereto, exclusively to the APSS.

I/We verify that the case report submitted does not contain any copyrighted material.

I/We represent that the content of the case report is accurate to the best of our knowledge.

I/We agree that the poster presentation is our own original work and will not infringe on any personal or property rights of any other person or organization, or we have secured any necessary permission to include copyrighted materials in the presentation.

I/we agree to be responsible for costs associated with noncompliance of the copyright policy.

PAYMENT INFORMATION:

Nonrefundable Case Report Submission Fee \$50.00

Total Amount Owed \$50.00

Please complete the payment information below:

Credit Card Type (**check one**): Visa MasterCard American Express

Credit Card Number: _____

Exp Date: _____ Validation Code*: _____

Name of Card Holder (**please print**): _____

Billing Address: _____

* For Visa or MasterCard, the validation code is the last 3 numbers in the signature box. For AmEx, the validation code is the 4 numbers above the credit card number

Signature of Cardholder: _____