



BALTIMORE 2018

EXTENDED DEADLINE ABSTRACT SUBMISSION REQUEST FORM

THE DEADLINE TO SUBMIT THIS FORM IS DECEMBER 15, 2017

To: APSS Meeting Department
Email: presentations@sleepmeeting.org

Phone: (630) 737-9700

Today's Date: _____

Contact Author's Name: _____

Contact Author's Email: _____

Expected Title of Abstract: _____

In order to submit an abstract between December 16, 2017 and March 12, 2018, you must be in your **first year of graduate training, postgraduate training or a clinical sleep medicine fellowship**. You are required to verify this by completing the information below:

I certify that I am in my **first year of graduate training, postgraduate training or a clinical sleep medicine fellowship** 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 his/her first year of **graduate training, postgraduate training or a clinical sleep medicine fellowship**.

Training Director Signature

Date

Copyright Assignment Statement

Check each of the boxes below to agree to the conditions of the copyright assignment statement.

By submitting this abstract, all authors have agreed to the below statements:

- I/We verify that the abstract submitted does not contain any copyrighted material.
- I/We represent that the content of the abstract 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 Abstract Submission Fee

\$50.00

Total Amount Owed

\$50.00

Please complete the payment information below:

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

Credit Card Number: _____

Exp Date: _____ Validation Code*: _____

Name of Cardholder (**please print**): _____

Billing Address: _____

Signature of Cardholder: _____

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