

BALTIMORE 2018

SLEEP

JUNE 02-06

# APPLICATION TO HOST INDUSTRY SUPPORTED EVENT

SLEEP 2018 | 32<sup>nd</sup> Annual Meeting of the Associated Professional Sleep Societies, LLC

Baltimore Convention Center | Baltimore, MD | June 2-6, 2018

**APPLICATION MUST BE RECEIVED BY THE APSS MEETING DEPARTMENT BY MARCH 7, 2018**

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. 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 SUPPORTED 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 4, 2018**

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 2018  
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: \_\_\_\_\_