

**SLEEP 2018 32nd Annual Meeting of the
Associated Professional Sleep Societies, LLC (APSS)
Baltimore, Maryland
June 2-6, 2018**

REGISTER ON-LINE:

www.sleepmeeting.org

TELEPHONE RESERVATIONS:

Toll Free: 1-800-282-6632

International: 410-837-4636

Monday - Friday, 8:30 a.m. – 5:30 p.m. EST.

*Please have credit card and arrival and departure dates ready.

MAIL FORM TO:

APSS Housing Bureau

c/o Visit Baltimore

100 Light St, 12 Floor

Baltimore, MD 21202

FAX REGISTRATION FORM:

410-659-8398

Do not mail after faxing

*Contact the housing bureau for any changes or cancellations on or before May 23. After May 23, call your hotel directly regarding your reservation.

- **Blocks of 10 or more will need to be approved by the APSS. Submit room block requests to info@sleepmeeting.org. Once approved, someone from the APSS Housing Bureau will contact you.**
- Photocopy this form if more than one room is required.
- Only one room may be requested under each name.
- Room types are assigned on a first come, first serve basis.
- If preferred hotels are not available, Housing Bureau will select closest available property.
- Allow up to 3 days for your hotel acknowledgement. Review all information for accuracy. Upon submission of your reservation, acknowledgements are generated by email (immediately), fax (within the hour) or mail.
- Cancellations with a check deposit; refunds will be made after the event.
- If your acknowledgement has not been received within 14 days after sending request please contact the Housing Bureau.
- After May 11th, rooms and rates are based upon availability.

Deadline of May 11, 2018

HOTEL PREFERENCE:

1. _____

2. _____

3. _____

► **Arrival Date** _____

► **Departure Date** _____

DEPOSIT METHOD:

A check for one night's room and tax (US Funds) or a major credit card number is required to secure each room before a reservation may be processed. Please identify your method of deposit and/or guarantee. Early departures are subject to penalty fees set by the hotel. A charge of first night's room and tax will be applied and/or forfeited if you do not cancel or do not arrive (no-show).

CREDIT CARD:

Cancellations within 72 hours prior to the day of arrival will be charged a first night's room and tax. Credit cards will only be charged if cancelled within the penalty period.

CHECK:

Checks should be made payable to VB Housing/SLEEP. Cancellations within 72 hours prior to the day of arrival will forfeit the entire deposit.

Card No. _____

Exp _____

Name _____

Signature _____

Check No. _____ Amount _____

CONFIRM RESERVATION TO:

(Only one acknowledgement will be sent)

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email address _____

Please Print Clearly

LIST NAMES OF ALL OCCUPANTS:

(List all occupants' arrival and departure dates, if different)

1. _____

2. _____

3. _____

4. _____

Maximum room occupancy is four (4) per city code

ROOM TYPE REQUESTED: (please circle choices)

King Bed 2 Double Beds Wheelchair Accessible

Non-Smoking Other: _____

Number of persons in room: 1 2 3 4