

Housing Request Application For Group Blocks of 10 or More Rooms



SLEEP 2012 26th Annual Meeting of the Associated Professional Sleep Societies, LLC

Hynes Convention Center – Boston, Massachusetts, June 9-13, 2012

Exhibiting Company: _____

Primary Contact Name: _____

Address: _____

Telephone: _____ / _____ Email: _____

Date(s) of Arrival: _____ Date(s) of Departure: _____

Number of Rooms Required*: _____

Preferred Location(s): _____

Additional Information/Comments: _____

*The APSS will only approve a block of rooms if it is equal to or less than the number of rooms that the group utilized during the previous year's annual meeting. If the group requires additional accommodations, please provide the rationale in the additional information/comments space above.

Affiliate Meeting Request Application

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Exhibiting Company: _____

Primary Contact Name: _____

Address: _____

Telephone: _____ / _____ Email: _____

Date(s) of Arrival: _____ Date(s) of Departure: _____

Number of Rooms Required*: _____

Preferred Location(s): _____

Estimated Attendance: _____ Estimated Number of SLEEP Participants: _____

Purpose of Meeting: _____

Food, Beverage and Audio Visual Requirements: _____

Additional Information/Comments: _____

*Affiliate functions may not be scheduled during the following blackout program hours:

Sunday, June 10: 1:00pm – 10:00pm

Monday, June 11 – Wednesday, June 13: 8:00am – 6:15pm