**SECTION I – Registration Information**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Province: \_\_\_\_\_\_\_\_\_\_Zip / Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree(s)** check: MD[ ]  PhD[ ]  RST[ ]  CPSGT[ ]  RPSGT[ ]  DO[ ]  DDS[ ]  RN[ ]  APRN[ ]  PA[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Specialty:**

[ ]  Sleep [ ]  Neurology [ ]  Pediatrics [ ]  Psychology [ ]  Internal Medicine [ ]  Neurophysiology

[ ]  Psychiatry [ ]  Pulmonary Medicine [ ]  Family Medicine [ ]  Otolaryngology [ ]  Nursing [ ]  Anesthesiology

**Special Services**: [ ] Please check here if you require special services to fully participate in the meeting. Attach a written description of your needs.

**SECTION II – General Session Registration**

|  |  |
| --- | --- |
| Registration Category | Fees (US Dollar) |
| Early | Standard | Late / On-site |
|  | **Deadline: July 15, 2017** | **Deadline: Aug. 31, 2017** | **As of Sept. 1, 2017** |
| Delegate (Member) | ☐ $325 | ☐ $375 | ☐ $450 |
| Delegate (Non-Member) | ☐ $450 | ☐ $500 | ☐ $600 |
| Fellow / Resident (Member) | [ ]  $275 | [ ]  $325 |  [ ]  $400 |
| Fellow / Resident (Non-Member) |  [ ]  $400 |  [ ]  $450 |  [ ]  $550 |
| Young Investigator (Member) | [ ]  $275 | [ ]  $325 |  [ ]  $400 |
| Young Investigator (Non-Member) |  [ ]  $400 |  [ ]  $450 |  [ ]  $550 |
| Technologist (Member) | ☐ $175 | ☐ $225 | ☐ $325 |
| Technologist (Non-Member) | ☐ $300 | ☐ $350 | ☐ $450 |
| Student (Member) | ☐ $150 | ☐ $175 | ☐ $275 |
| Student (Non-Member) | ☐ $275 | ☐ $300 | ☐ $400 |

**SECTION II TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section II b. –** To register as a student, you must currently be enrolled in a formal training program.

[ ]  By checking this box, I am verifying that I am currently a student enrolled in a formal training program. I give permission to contact my director to verify my student status. My program director’s name and email:

Program Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Director’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II c. –** To register as a Young Investigator, you must be 35 years old or younger **OR** less than 3 years in the field.

[ ]  By checking this box, I am verifying that I meet the requirements to register as a Young Investigator.

**SECTION II – Course Registration – There is no limit to the number of courses for which you can register: course descriptions available at worldsleepcongress.com/scientific-content/courses.**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Registration Category  |  Early: by 7/15/17 | Standard: by 8/31/17 | Late / On-side |
| Course: full day Delegate |  ☐ $150 | ☐ $175 | ☐ $200 |
| Course: half day Delegate |  ☐ $100 | ☐ $125 | ☐ $150 |
| Course: full day Technologist/Student |  ☐ $100 | ☐ $125 | ☐ $150 |
| Course: half day Technologist/Student |  ☐ $75 |  ☐ $75 | ☐ $100 |

**Saturday, October 7**

Full-day Courses: [ ]  **CO1** [ ]  **CO2**

Half-day Courses [ ]  **CO5** [ ]  **CO6** [ ]  **CO7** [ ]  **CO8** [ ]  **CO9** [ ]  **C10**

**Sunday, October 8**

Full-day Courses: [ ]  **CO3** [ ]  **CO4**

Half-day Courses [ ]  **C11** [ ]  **C12** [ ]  **C13** [ ]  **C14** [ ]  **C15** [ ]  **C16**

**SECTION II TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION IV – Credits**

[ ]  Continuing Medical Education (CME) Credit $25.00

 **SECTION IV TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION V – Presidents’ Dinner and Reception**

[ ]  Individual Ticket (Monday Oct. 9, 2017) $95 x \_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_

 **SECTION V TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Please total each section on both sides of this registration form: | Grand Total:$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Payment in full must accompany registration. Payment may be in the form of a check drawn on a U.S. bank, a MasterCard/Visa, or via wire transfer. Cancelations made on or before 7/15/17 will receive a full refund. A $50 administration fee will be withheld on cancellations made between 7/16/17 and 8/31/17. No refunds are possible after this date. Registrations received after 8/31/17 will be processed at the on-site registration desk. Registration confirmations will be emailed approximately 3 business days after the receipt of your registration form. **Questions can be sent to:** **info@worldsleepsociety.org****.**

**Payment Method**

[ ]  Check: Payable to WASM Foundation (enclosed, USD$) [ ]  MasterCard [ ]  Visa [ ]  Bank Wire Transfer

Card# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date (month/year) \_\_\_\_\_ /\_\_\_\_\_ Validation Code \_\_\_\_\_\_\_

Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit registration to: info@worldsleepsociey.org; by fax: +001-612-465-5357; or by one of the below methods:**

|  |  |
| --- | --- |
| Mail World sleep foundation3270 19th ST NW, Suite 110Rochester, MN 55901USA | Bank Wire TransferBank Name: Wells Fargo Bank, NABank Address: 420 Montgomery, San Francisco, CA 94101BNF / Field Account Number: 9675049937Account Name: World Association of Sleep Medicine Foundation SWIFT BIC: WFBIUS6SCHIPS Participant: ABA 0407Wire Routing Transit Number (RTN/ABA): 121000248 Send email confirmation to: info@WORLDSLEEPSOCIETY.ORG |