

# WORLD SLEEP 2017

## 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)	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450
Delegate (Non-Member)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Fellow / Resident (Member)	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400
Fellow / Resident (Non-Member)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
Young Investigator (Member)	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400
Young Investigator (Non-Member)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
Technologist (Member)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325
Technologist (Non-Member)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Student (Member)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275
Student (Non-Member)	<input type="checkbox"/> \$275	<input type="checkbox"/> \$300	<input type="checkbox"/> \$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](http://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	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200
Course: half day Delegate	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Course: full day Technologist/Student	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Course: half day Technologist/Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$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: \$ \_\_\_\_\_**

<b>Please total each section on both sides of this registration form:</b>	<b>Grand Total:</b> \$ _____
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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. Cancellations 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](mailto: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@worldsleepsociety.org](mailto:info@worldsleepsociety.org); by fax: +001-612-465-5357; or by one of the below methods:**

**MAIL**

WORLD SLEEP FOUNDATION  
 3270 19<sup>TH</sup> ST NW, SUITE 110  
 ROCHESTER, MN 55901  
 USA

**BANK WIRE TRANSFER**

BANK NAME: WELLS FARGO BANK, NA  
 BANK ADDRESS: 420 MONTGOMERY, SAN FRANCISCO, CA 94101  
 BNF / FIELD ACCOUNT NUMBER: 9675049937  
 ACCOUNT NAME: WORLD ASSOCIATION OF SLEEP MEDICINE FOUNDATION  
 SWIFT BIC: WFBUS6S  
 CHIPS PARTICIPANT: ABA 0407  
 WIRE ROUTING TRANSIT NUMBER (RTN/ABA): 121000248  
 SEND EMAIL CONFIRMATION TO: [INFO@WORLDSEEPSOCIETY.ORG](mailto:INFO@WORLDSEEPSOCIETY.ORG)