**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**](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@worldsleepsociey.org; by fax: +001-612-465-5357; or by one of the below methods:**

|  |  |
| --- | --- |
| Mail  World sleep foundation  3270 19th 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: WFBIUS6S  CHIPS Participant: ABA 0407  Wire Routing Transit Number (RTN/ABA): 121000248  Send email confirmation to: info@WORLDSLEEPSOCIETY.ORG |