

# AAST 39<sup>TH</sup> ANNUAL MEETING REGISTRATION FORM



## Registration Information (Please print clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Company: \_\_\_\_\_ Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 On-Site Mobile Number: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
*(Emergency Only)* *(Required for MDs Only)*

**Degree(s):**  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  Anesthesiology  Nursing  Other: \_\_\_\_\_

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

## General Session Registration

Registration Type	On or before 4/21	4/22 – 5/19
<input type="checkbox"/> AASM/SRS/Dual Individual Member*	\$300	\$375
<input type="checkbox"/> Nonmember	\$525	\$600
<input type="checkbox"/> Resident/Postdoctoral Member	\$180	\$180
<input type="checkbox"/> Resident/Postdoctoral Nonmember - complete below	\$230	\$230
<input type="checkbox"/> Student/Predoctoral Member	\$95	\$95
<input type="checkbox"/> Student/Predoctoral Nonmember - complete below	\$135	\$135
<input type="checkbox"/> AAST Member* – Includes CECs for AAST Meeting	\$220	\$295
<input type="checkbox"/> Technologist (AAST Nonmember) – does not include CECs	\$325	\$400
<input type="checkbox"/> Guest (Family members only) Guest Name: _____	\$100	\$100

*\*Registrants must have AASM, SRS, or AAST individual membership status at the time of registration. May 19, 2017 is the pre-registration deadline; and additional \$25 fee applied to on-site registrants.*

Section Total:  
\$ \_\_\_\_\_

To register as a student nonmember, you must currently be a student enrolled in a formal training program. Students in the field of sleep technology are not eligible for this registration category.

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 program director to verify my student status. My program director's name and email are listed below.

**Program Director's Name:** \_\_\_\_\_ **Program Director's Email:** \_\_\_\_\_

**Ticketed Sessions:** All registrants must complete the General Session Registration section prior to registering for any of the following sections. Postgraduate courses, Meet the Professor sessions, and Lunch Debate sessions are ticketed sessions and have limited seating. A list of sold out sessions is available at [www.sleepmeeting.org](http://www.sleepmeeting.org).

## Postgraduate Course Registration – There is no limit to the number of courses for which you can register

	Full-day Courses \$150 Member, \$200 Nonmember	Half-day Courses \$85 Member, \$150 Nonmember
<b>Saturday, June 3</b>	<input type="checkbox"/> C01 <input type="checkbox"/> C02 <input type="checkbox"/> C03	<input type="checkbox"/> C04 <input type="checkbox"/> C05 <input type="checkbox"/> C06 <input type="checkbox"/> C07
<b>Sunday, June 4</b>	<input type="checkbox"/> C08 <input type="checkbox"/> C09 <input type="checkbox"/> C10	<input type="checkbox"/> C11 <input type="checkbox"/> C12 <input type="checkbox"/> C13 <input type="checkbox"/> C14

Section Total:  
\$ \_\_\_\_\_

## Meet the Professor Registration – Fee per session \$55 Member, \$65 Nonmember

**Monday, June 5** M01 - M05 Choice 1: Course #M \_\_\_\_ Choice 2: Course #M \_\_\_\_ Choice 3: Course #M \_\_\_\_  
**Tuesday, June 6** M06 - M10 Choice 1: Course #M \_\_\_\_ Choice 2: Course #M \_\_\_\_ Choice 3: Course #M \_\_\_\_  
**Wednesday, June 7** M11 - M15 Choice 1: Course #M \_\_\_\_ Choice 2: Course #M \_\_\_\_ Choice 3: Course #M \_\_\_\_

Section Total:  
\$ \_\_\_\_\_

**Lunch Debate Registration – Fee per session: \$40 Member, \$50 Nonmember**

- Monday, June 5       L01: The Synaptic Basis of Sleep Function: SHY vs Synaptic Enhancement of Sleep  
Tuesday, June 6       L02: Sleep Need: What is it and can it be Quantified?  
Wednesday, June 7       L03: Is Sleep Testing Needed When Straightforward OSA is Suspected?

Section Total:  
\$ \_\_\_\_\_

**Continuing Education Credits**

**SLEEP 2017 Credits**

- Continuing Medical Education (CME) Credit for Physicians  
 Continuing Education (CE) Credit for Psychologists  
 Letter of Attendance for Others

Member	Nonmember
\$25	\$40
\$50	\$50
\$25	\$40

**AAST 39<sup>th</sup> Annual Meeting Credits**

- Continuing Education Credits (CEC) for Nonmember Technologists attending AAST 39<sup>th</sup> Annual Meeting\*

Nonmember
\$20

Section Total:  
\$ \_\_\_\_\_

\*CEC fee is included in the General Registration for AAST members only.

**Foundation Donation**

- If you would like to make an additional donation to the ASMR or SRSF, check here to indicate amount and society to the right

- ASMF \$ \_\_\_\_\_  
 SRSF \$ \_\_\_\_\_

Section 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 in order for it to be processed. Payment may be in the form of a check drawn on a U.S. bank or MasterCard/Visa/American Express/Discover. Registrations will be returned unprocessed if proper payment is not provided or form is incomplete. A \$50 administrative fee will be withheld on cancellations postmarked on or before Friday, May 12, 2017. No refunds are possible after this date. The final date to pre-register is Friday, May 19, 2017. Registration forms received after this date will be processed on site at the on-site registration desk at the on-site registration rate. Registration confirmations will be emailed approximately 2 business days after the receipt of your registration.

By submitting this registration form, the registrant/payer agrees to abide by the terms and conditions listed in the preliminary program.

**Payment Method**

- Check: Make payable to AAST       Credit Card (check one)       MasterCard       Visa       American Express       Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Validation Code: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please choose ONE of the following methods to submit a registration form (registrations are not accepted by phone):**

**Online** (credit card only): [www.aastweb.org](http://www.aastweb.org)

**Mail** (check or credit card): AAST, ATTN: Meeting Department  
2510 North Frontage Road  
Darien, IL 60561

**Fax** (credit card only): (630) 737-9789

**For questions, contact the APSS Meeting Department at (630) 737-9760 or visit [www.aastweb.org/AnnualMeeting](http://www.aastweb.org/AnnualMeeting)**