

Sleep Medicine Trends 2018 | February 23-25, 2018 | Hyatt Regency Austin | Austin, TX

Registration Information (Please type or print clearly)

Name: (Last)		(First)	Degree(s):	
Address:				
City:	State:	Postal Code:	Country:	
Phone:	Fax:	Email: (Required for confirmation)		
Special Needs/Accommodations:				

Specialty (Check all that apply)

<input type="checkbox"/> Sleep Medicine	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Neurology	<input type="checkbox"/> Nursing
<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Psychology	<input type="checkbox"/> Pulmonary Medicine	<input type="checkbox"/> Other

Dietary Needs*

<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Other
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*AASM cannot guarantee all requests can be met. Staff will follow up to discuss available options and instructions.

How Did You Hear About This Course?

<input type="checkbox"/> Website	<input type="checkbox"/> Email	<input type="checkbox"/> Colleague	<input type="checkbox"/> Mailing	<input type="checkbox"/> Other
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Attendee List Permission (Check one)

I give permission to include my contact information on an attendee list to be distributed to course attendees.	<input type="radio"/> Yes	<input type="radio"/> No
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If registering as a student, please provide the following:

I am currently a student enrolled in a formal training program and give my permission to contact my program director to verify my student status.	<input type="radio"/> Yes	<input type="radio"/> No
Institution:	Director's Name:	Director's Email:

Registration Rates (Check the appropriate registration fee)

Registration rates are based on the date that the registration is received at the AASM national office.			
REGISTRATION DATE		ON OR BEFORE 1/12/18	AFTER 1/12/18
AASM Member	Member #:	<input type="radio"/> \$1,000	<input type="radio"/> \$1,100
Employee of an AASM Member Center	Accreditation/Member #:	<input type="radio"/> \$1,000	<input type="radio"/> \$1,100
Nonmember		<input type="radio"/> \$1,200	<input type="radio"/> \$1,300
Student Member		<input type="radio"/> \$750	<input type="radio"/> \$850
Nonmember Student		<input type="radio"/> \$850	<input type="radio"/> \$950

Method of Payment (Check one)

<input type="radio"/> Check payable to the AASM (U.S. funds drawn on a U.S. bank)	Credit card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover		
Card Number:	Exp. Date:	Validation Code**:	
Cardholders Name:	Signature:	Date:	
Billing Address:			
**For VISA, MasterCard and Discover, the validation code is the last 3 numbers in the signature box. For American Express, the validation code is the 4 numbers above the credit card number.			

Questions? Contact us!

aasmnet.org/sleeptrends	courses@aasmnet.org	Tel: (630) 737-9768	Fax: (630) 737-9789	Mail: American Academy of Sleep Medicine Attn: Meeting Department 2510 North Frontage Road, Darien, IL 60561
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