

AAST 32ND ANNUAL MEETING AND SLEEP 2010 REGISTRATION FORM

Section I - Registration Information (please type or print clearly)

Last Name: _____ First Name: _____
 Company: _____ Department: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Phone: _____ Fax: _____
 E-mail Address: _____ *(E-mail address is required to receive confirmation)*

Degree(s) please check: MD PhD MD/PhD CPSGT RPSGT DO DDS RN Other
Primary Specialty please circle: Sleep Neurology Pediatrics Psychology Internal Medicine Neuroscience
 Psychiatry Pulmonary Dentistry ENT Nursing Other
 Medicine

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

Section II - General Session Registration - Reference pages 18-19 for descriptions of each registration category.

Registration Type	on or before 4/21	4/22-5/26
<input type="checkbox"/> AASM/SRS/Dual Individual Member*	\$200	\$275
<input type="checkbox"/> Nonmember	\$350	\$425
<input type="checkbox"/> Resident/Postdoctoral Member	\$110	\$110
<input type="checkbox"/> Resident/Postdoctoral Nonmember – complete section II.b	\$150	\$150
<input type="checkbox"/> Student/Predoctoral Member	\$60	\$60
<input type="checkbox"/> Student/Predoctoral Nonmember – complete section II.b	\$90	\$90
<input type="checkbox"/> AAST Member – includes CECs for AAST meeting	\$220	\$295
<input type="checkbox"/> Technologist (AAST Nonmember) – does not include CECs	\$240	\$325
<input type="checkbox"/> Guest (Family members only)	\$25	\$25

*Registrants must have AASM/SRS individual membership status at the time of registration.
 May 26, 2010, is the pre-registration deadline; increased fees apply to on-site registrants.

Section II Total:
 \$ _____

Guest Name: _____

Section II.b. - 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 e-mail are listed below.
 Program Director's Name: _____ Program Director's E-mail Address: _____

Ticketed sessions: All registrants must complete Section II – General Session Registration prior to registering for any of the following sections. Postgraduate courses, meet the professors sessions, lunch and learn sessions and the networking reception are ticketed sessions and have limited seating. If you are registering after the cancellation deadline of May 19, 2010, it is highly recommended that you view the current list of sold out sessions on www.sleepmeeting.org. The AAST does not offer a waiting list for sold out sessions.

Section III - Postgraduate Course Registration

There is no limit to the number of courses for which you can register. Reference pages 10-14 for titles and descriptions of each AAST postgraduate course. A listing of SLEEP 2010 postgraduate courses can be found online at www.sleepmeeting.org.

Saturday, June 5	Full-day Courses \$150 Member, \$200 Nonmember	<input type="checkbox"/> C01 <input type="checkbox"/> C02 <input type="checkbox"/> C03 <input type="checkbox"/> C04
	Half-day Courses \$85 Member, \$150 Nonmember	<input type="checkbox"/> C05 <input type="checkbox"/> C06
Sunday, June 6	Full-day Courses \$150 Member, \$200 Nonmember	<input type="checkbox"/> C07 <input type="checkbox"/> C08 <input type="checkbox"/> C09 <input type="checkbox"/> C10
	Half-day Courses \$85 Member, \$150 Nonmember	<input type="checkbox"/> C11 <input type="checkbox"/> C12
Sunday, June 6	AAST Full-day Courses \$130 Member, \$185 Nonmember	<input type="checkbox"/> A01 <input type="checkbox"/> A02 <input type="checkbox"/> A03 <input type="checkbox"/> A04

Section III Total:
 \$ _____

Section IV - Meet the Professor Registration - 12:30pm - 1:30pm

A listing of meet the professors may be found online at www.sleepmeeting.org.

Monday, June 7 M01 - M08, Choice 1: Course # M ____, Choice 2: Course # M ____, Choice 3: Course # M ____
Tuesday, June 8 M09 - M16, Choice 1: Course # M ____, Choice 2: Course # M ____, Choice 3: Course # M ____
Wednesday, June 9 M17 - M24, Choice 1: Course # M ____, Choice 2: Course # M ____, Choice 3: Course # M ____
Fee per session: \$45 Member, \$55 Nonmember

Section IV Total:
 \$ _____

Section V - Lunch and Learn Registration - 12:30pm - 1:30pm

A listing of SLEEP 2010 lunch and learn sessions may be found online at www.sleepmeeting.org.

- Monday, June 7** L01: Predicting Fatigue in the Real World: Ready for Prime Time?
 Tuesday, June 8 L02: Best Approach for CPAP Intolerant Subjects: Oral Appliance vs. Surgery
 Wednesday, June 9 L03: Sleep vs. Circadian Effects on Learning and Memory

Fee per session: \$40 Member, \$50 Nonmember

Section V Total:

\$ _____

Section VI - Credits

Reference page 7 for information on continuing education.

SLEEP 2010 Credits

- Continuing Medical Education (CME) Credit for Physicians \$20 Member/ \$35 Nonmember
 Continuing Education (CE) for Psychologist \$40 Member / \$40 Nonmember
 Continuing Education (CE) Contact Hours for Nurse Practitioner \$20 Member / \$35 Nonmember
 Letter of Attendance for Non-physicians and Non-psychologists \$20 Member / \$35 Nonmember

AAST 32nd Annual Meeting Credits

- Continuing Education Credits (CEC) for Technologist attending AAST 32nd Annual Meeting* \$20 Nonmember

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

Section VI Total:

\$ _____

Section VII - 2010 Abstract CD-ROM

Reference page 19 for a description of the 2010 Abstract CD-ROM.

I would like _____ 2010 Abstract CD-ROM(s) \$15/CD-ROM

Section VII Total:

\$ _____

Section VIII - Welcome to San Antonio Networking Reception

Please visit www.sleepmeeting.org for additional information regarding the networking reception.

- Friends of the Foundation 10 tickets = \$2,500
 Friends of the Foundation 20 tickets = \$5,000
 Friends of the Foundation 30 tickets = \$10,000
 Individual Ticket \$50 x _____ = \$ _____

Section VIII Total:

\$ _____

Please total each section on both sides of this registration form.

Grand Total \$ _____

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, international money order, or MasterCard/ Visa/American Express. Registrations will be returned unprocessed if proper payment is not provided or form is incomplete. A \$50.00 administrative fee will be withheld on cancellations postmarked on or before Wednesday, May 19, 2010. No refunds are possible after this date. The final date to pre-register is Wednesday, May 26, 2010. Registration forms received after this date will be processed on site at the on-site registration desk. Registration confirmations will be e-mailed approximately 2 business days after the receipt of your registration.

By submitting this registration form, the registrant/payer agrees to abide by the membership disclaimer on page 18.

Payment Method

Check: Make checks payable to APSS.

Credit Card (Check One): MasterCard Visa American Express

Card # _____ Exp. Date ____/____/____ Validation Code* _____ Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Signature: _____ Date: ____/____/____

*For Visa or MasterCard, 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.

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

Online (credit card only):
www.sleepmeeting.org

Fax (credit card only):
(708) 273-9354

Mail (check or credit card):
AAST, Attn: Meeting Department
One Westbrook Corporate Center, Suite 920
Westchester, IL 60154

For questions, contact the AAST at (708) 492-0796 or visit www.aastweb.org or www.sleepmeeting.org.