

AAST 34th Annual Meeting and SLEEP 2012 Registration Form

Section I - Registration Information (Please print clearly)

Last Name: _____ First Name: _____
 Company: _____ Department: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Telephone: _____ Fax: _____ Email Address: _____
 On-site Mobile Number: _____ NPI Number (required for MDs only): _____
Degree(s) please check: MD PhD RST MD/PhD CPSGT RPSGT DO DDS RN Other _____

Primary Specialty: *please circle*

Sleep Neurology Pediatrics Psychology Internal Medicine Neurophysiology
 Psychiatry Pulmonary Medicine Family Medicine ENT Nursing Other

Are you a resident physician? Yes No

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

Registration Type	on or before 4/25	4/26-5/30
<input type="checkbox"/> AASM/SRS/Dual Individual Member*	\$275	\$350
<input type="checkbox"/> Nonmember	\$475	\$550
<input type="checkbox"/> Resident/Postdoctoral Member	\$165	\$165
<input type="checkbox"/> Resident/Postdoctoral Nonmember - complete section II.b	\$210	\$210
<input type="checkbox"/> Student/Predoctoral Member	\$85	\$85
<input type="checkbox"/> Student/Predoctoral Nonmember - complete section II.b	\$125	\$125
<input type="checkbox"/> AAST Member* - includes CECs for AAST Meeting	\$220	\$295
<input type="checkbox"/> Technologist (AAST Nonmember) - does not include CECs	\$300	\$375
<input type="checkbox"/> Guest (Family members only)	\$100	\$100

**Registrants must have AASM, SRS, or AAST individual membership status at the time of registration.*

May 30, 2012, 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 Email 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 professor sessions, lunch debate sessions and the networking reception are ticketed sessions and have limited seating. A list of sold out sessions is available at www.sleepmeeting.org. A list of AAST sold out sessions is available at www.aastweb.org.

Section III - Postgraduate Course Registration - There is no limit to the number of courses for which you can register

Saturday, June 9

Full-day Courses \$150 Member, \$200 Nonmember C01 C02 C03 C04

Half-day Courses \$85 Member, \$150 Nonmember C05 C06

Sunday, June 10

Full-day Courses \$150 Member, \$200 Nonmember C07 C08 C09 C10

Half-day Courses \$85 Member, \$150 Nonmember C11 C12

Sunday, June 10

AAST Full-day Courses \$130 Member, \$185 Nonmember A01 A02 A03 A04

Section III Total:

\$ _____

Section IV - Meet the Professor Registration - Fee per session: \$45 Member, \$55 Nonmember

Monday, June 11 M01- M08 Choice 1: Course #M ____ Choice 2: Course #M ____ Choice 3: Course #M ____
Tuesday, June 12 M09- M16 Choice 1: Course #M ____ Choice 2: Course #M ____ Choice 3: Course #M ____
Wednesday, June 13 M17- M23 Choice 1: Course #M ____ Choice 2: Course #M ____ Choice 3: Course #M ____

Section IV Total:
\$ _____

Section V - Lunch Debate Registration - Fee per session: \$40 Member, \$50 Nonmember

Monday, June 11 L01: Does the MSLT Provide a Useful Measure of Daytime Sleepiness in Clinical Practice?
Tuesday, June 12 L02: Are Periodic Limb Movements during Sleep Dangerous?
Wednesday, June 13 L03: REM Sleep and Dreaming: Cause or Consequence of Emotions?

Section V Total:
\$ _____

Section VI - Credits

SLEEP 2012 Credits

Continuing Medical Education (CME) Credit for Physicians \$20 Member, \$35 Nonmember
 Continuing Education (CE) Credit for Psychologists \$40 Member, \$40 Nonmember
 Continuing Education (CE) Contact Hours for Nurse Practitioners \$20 Member, \$35 Nonmember
 Letter of Attendance for Others \$20 Member, \$35 Nonmember

AAST 34th Annual Meeting Credits

Continuing Education Credits (CEC) for Technologists attending AAST 34th Annual Meeting* \$20 Nonmember

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

Section VI Total:
\$ _____

Section VII - SLEEP 2012 Networking Reception

Friends of the Foundation (check one) 10 tickets = \$2,500 20 tickets = \$5,000 or 30 tickets = \$10,000
 Individual Ticket \$50 x _____ = \$ _____

Section VII 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 or MasterCard/Visa/American Express. 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 Wednesday, May 23, 2012. No refunds are possible after this date. The final date to pre-register is Wednesday, May 30, 2012. 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 terms and conditions listed in the preliminary program.

Payment Method

Check: Make 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: ____/____/____

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): (630) 737-9789
Mail (check or credit card): APSS, Attn: Meeting Department
2510 North Frontage Road
Darien, IL 60561