

# AAST 38<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: \_\_\_\_\_

**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.

## General Session Registration

Registration Type	On or before 4/27	4/28 – 5/27
<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 section II.b	\$230	\$230
<input type="checkbox"/> Student/Predoctoral Member	\$95	\$95
<input type="checkbox"/> Student/Predoctoral Nonmember	\$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 27, 2016 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
Saturday, June 11	<input type="checkbox"/> C01 <input type="checkbox"/> C02 <input type="checkbox"/> C03 <input type="checkbox"/> C04	<input type="checkbox"/> C05 <input type="checkbox"/> C06
Sunday, June 12	<input type="checkbox"/> C07	<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 <input type="checkbox"/> C15

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

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

**Monday, June 13** M01 - M05 Choice 1: Course #M \_\_\_\_ Choice 2: Course #M \_\_\_\_ Choice 3: Course #M \_\_\_\_  
**Tuesday, June 14** M06 - M10 Choice 1: Course #M \_\_\_\_ Choice 2: Course #M \_\_\_\_ Choice 3: Course #M \_\_\_\_  
**Wednesday, June 15** 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 13       L01: Is Sleep for Remembering or Forgetting?
- Tuesday, June 14     L02: Central Sleep Apnea: Does it matter and should you treat it?
- Wednesday, June 15    L03: PLMS: Where do they come from and do they matter?

Section Total:
\$ _____

**Conversations with Experts – Free, but requires pre-registration**

- Monday, June 13      E01 - E03    Choice 1: Course #E \_\_\_\_ Choice 2: Course #E \_\_\_\_ Choice 3: Course #E \_\_\_\_
- Tuesday, June 14    E04 - E06    Choice 1: Course #E \_\_\_\_ Choice 2: Course #E \_\_\_\_ Choice 3: Course #E \_\_\_\_
- Wednesday, June 15   E07 - E09    Choice 1: Course #E \_\_\_\_ Choice 2: Course #E \_\_\_\_ Choice 3: Course #E \_\_\_\_

Section Total:
\$ _____

**Continuing Education Credits**

**SLEEP 2016 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 38<sup>th</sup> Annual Meeting Credits**

- Continuing Education Credits (CEC) for Technologists attending AAST 38<sup>th</sup> Annual Meeting\*

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

Nonmember
\$20

Section Total:
\$ _____

**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. 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 23, 2016. No refunds are possible after this date. The final date to pre-register is Friday, May 27, 2016. Registration forms received after this date will be processed on site at the on-site registration desk. 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

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

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

2510 North Frontage Road  
Darien, IL 60561

**For questions, contact the AAST Meeting Department at (630) 737-9770 or visit [www.aastweb.org/AnnualMeeting](http://www.aastweb.org/AnnualMeeting)**