



# MDSS 9<sup>th</sup> Annual Conference Registration Form

Find more information by visiting [www.sharingsleepknowledge.com](http://www.sharingsleepknowledge.com)

## Registration Information (Please print clearly)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation: \_\_\_\_\_

## CEC Information (Required to receive CECs)

AAST #: \_\_\_\_\_ BRPT #: \_\_\_\_\_ AARC #: \_\_\_\_\_

## How did you hear about this conference?

☐ Website ☐ Email ☐ Colleague ☐ SSI Community Educator ☐ Other: \_\_\_\_\_

## Registration & Fees

- ☐ Please register me for just **Thursday, June 21st \$60.00**  
☐ Please register me for just **Friday, June 22nd \$110.00**  
☐ Please register me for both **Thursday & Friday \$130.00**

## Late Registration & Fees (after May 11th, 2018)

- ☐ Please register me for just **Thursday, June 21st \$70.00**  
☐ Please register me for just **Friday, June 22nd \$120.00**  
☐ Please register me for both **Thursday & Friday \$140.00**

**\*\*\* Last day to register is May 31st, 2018**

## Method of Payment

☐ Check payable to Sleep Solutions Inc. ☐ VISA, MasterCard, American Express, Discover ☐ Cash

Card #: \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_

Card holder name: \_\_\_\_\_ Amount: \_\_\_\_\_

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

Billing address: \_\_\_\_\_

Email for receipt to be sent to: \_\_\_\_\_

Please complete the top portion of this form and mail it into our Troy office

**1280 E. Big Beaver Suite B Troy, MI 48063**

**ATTN: Katie**

• Payment required at time of registration •

