



MDSS 9th Annual Conference Registration Form

Find more information by visiting 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 48083

ATTN: Katie

- Payment required at time of registration •

