



MDSS/CMSS 8th Annual Sleep 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 #: _____

Lunch Information (Please complete if necessary)

Vegetarian Gluten Free Dairy Free

* SSI will do our best to meet your request. Staff will follow up to discuss available options and instructions.

How did you hear about this conference?

Website Email Colleague SSI Community Educator Other: _____

Registration & Fees

Please register me for just **Thursday, September 7th \$45.00**

Please register me for just **Friday, September 8th \$95.00**

Please register me for both **Thursday & Friday \$115.00**

Late Registration & Fees (after August 4th, 2017)

Please register me for just **Thursday, September 7th \$55.00**

Please register me for just **Friday, September 8th \$105.00**

Please register me for both **Thursday & Friday \$125.00**

***** Last day to register is August 18th, 2017**

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 •

