



# MDSS/CMSS 8<sup>th</sup> Annual Sleep 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 #: \_\_\_\_\_

## 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 •

