



MDSS 14th Annual Conference Registration Form

Find more information at www.sharingsleepknowledge.com

Registration Information (Please print clearly)

Name: _____ Email: _____

Affiliation: _____

CEC Information (This section is required to receive CECs, without it you will not receive CECs for that certification board)

AAST #: _____ BRPT #: _____

How did you hear about this conference?

Website Email Colleague SSI Community Educator Other: _____

Registration & Fees

Please register me for **Friday, June 14th** (6 CECs) **\$135.00**

Late Registration & Fees (after May 10, 2024)

Please register me for **Friday, June 14th** (6 CECs) **\$145.00**

***** Last day to register is May 31, 2024**

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 •

• Last day for refund is 5/24/24 •

