REFER A FRIEND

Sharing Knowledge Through Each Other

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 #: _____

Referred by:

☐ Name: _____

Registration & Fees

☐ **Friday, June 14th** (6 CECs) - **$145.00**

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

• Refer a friend - this form and payment must be submitted by **5:00pm on Friday, May 24th** • Only 5 referrals per person •

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 return to us:

1280 E. Big Beaver Suite B Troy, MI 48083

ATTN: Katie

email to Katie@sleepsolutionsinc.com or fax to 248-688-9941

• Payment required at time of registration •