2017 SLEEP MEDICINE TRENDS

February 17–19, 2017 | Pointe Hilton Squaw Peak Resort | Phoenix, AZ

Registration Information *(please type or print clearly)*

Last Name:_____ First Name: _____ Degree(s): _____

Address: _____

Address Line 2: _____

City:_____ State:_____Zip/Postal Code:_____ Country:_____

Phone: _____ Fax: _____

Email *(required to receive confirmation)*: _____

Special Needs/Accommodations:_____

2017 Sleep Medicine Trends	On or before 1/13/17	After 1/13/17
Student*	☐ $750	☐ $850
AASM/AADSM Member / Facility Member**	☐ $1,000	☐ $1,100
Nonmember	☐ $1,200	☐ $1,300

Oral Appliance Therapy: A Model for Physician–Dentist Collaboration | February 18 –19, 2017

Oral Appliance Therapy Course	On or before 1/13/17	After 1/13/17
Student*	☐ $750	☐ $850
AASM/AADSM Member / Facility Member**	☐ $750	☐ $850
Nonmember	☐ $950	☐ $1,050

** I am currently a student enrolled in a formal training program and give permission to contact my program director to verify my student status.*

Institution: _____

Director's Name: _____ **Director's Email:** _____

*** If registering as an employee of an AASM facility member, please provide the name of your facility and your accreditation/membership number.*

Facility Name: _____ **Accreditation/Member Number:** _____

Questions?

aasmnet.org/sleeptrends
education@aasmnet.org

Tel: (630) 737-9770
Fax: (630) 737-9789

Mail: American Academy of Sleep Medicine
Attn: Meeting Department
2510 North Frontage Road, Darien, IL 60561

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Dietary Needs †

☐ Kosher ☐ Vegetarian ☐ Vegan ☐ Gluten Free ☐ Dairy Free

☐ Other: _____

† AASM cannot guarantee all requests can be met. Staff will follow up to discuss available options and instructions.

Specialty *(check all that apply)*

☐ Sleep Medicine ☐ Anesthesiology ☐ Family Practice ☐ Internal Medicine

☐ Neurology ☐ Nursing ☐ Otolaryngology ☐ Pulmonary Medicine

☐ Psychiatry ☐ Psychology ☐ Pediatrics ☐ Dentistry

☐ Other:_____

How Did You Hear About This Course? *(check all that apply)*

☐ Website ☐ Email ☐ Colleague ☐ Mailing ☐ Other: _____

Method of Payment *(check one)*

☐ Check made payable to the AASM *(U.S. funds drawn on a U.S. bank)*

☐ Visa ☐ MasterCard ☐ American Express

Card #: _____

Exp. Date: _____ Validation Code: _____

Cardholder's Name: _____

Billing Address: _____

Signature:_____ Date:_____

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